Using the voluntary sector to provide services to children and families with complex needs as an alternative to social work services- what are the benefits and risks?

Using the voluntary sector to provide services to children and families with complex needs as an alternative to social work services- what are the benefits and risks?

30 October 2017

Dr Michelle Butler
Dr Aisling McLaughlin
Dr David Hayes
Dr Andrew Percy

TABLE OF CONTENTS

LIST OF TABLES AND FIGURES 3
AIMS & OBJECTIVES 4
REVIEW METHODOLOGY 4
SAMPLE CHARACTERISTICS 8
FINDINGS 13
COMMISSIONING, GOVERNANCE AND DELIVERY OF SERVICES 13
OUTCOMES FOR CHILDREN AND FAMILIES WITH COMPLEX NEEDS 19
HINDERANCE, SUBSTITUTION OR SUPPLEMENT 27
GAPS IN KNOWLEDGE AND DATA COLLECTION 29
DISCUSSION 30
CONCLUSION 34
REFERENCES 36
APPENDIX A 46
APPENDIX B 47

LIST OF TABLES AND FIGURES

Table 1: Resources used to conduct the rapid reviews……..5

Figure 1: Flowchart outlining the process for the first rapid review examining the commissioning, governance and delivery of services by the voluntary sector……7

Figure 2: Flowchart outlining the process for the second rapid review focusing on voluntary sector service provision and family outcomes……8

Table 2: Country of origin of the papers reviewed in the first rapid review……..9

Figure 3: Variety of needs referred to in the first rapid review……..9

Table 4: Summary of the methodologies used in the papers reviewed in the first rapid review…….10

Table 5: Country of origin of the papers reviewed in the second rapid review……..11

Figure 4: Variety of needs referred to in the second rapid review……11

Table 6: Summary of the methodologies used in the papers reviewed in the second rapid review….12

AIMS & OBJECTIVES

Frequently, the voluntary sector can be involved in providing services and support to families and children with complex needs, which generally seek to complement existing statutory provision and avoid service duplication. Increasingly, the voluntary sector is being used to deliver these services due to their particular expertise and ability to engage service users (e.g. Acheson, 2001; Appleton, 2005; Bell, 2007; Buchbinder & Shoob, 2013; Collins, 2006). However, these services are being provided against a background of contracting State welfare service provision and neoliberal polices emphasising the role of the free market in providing more efficient and economical services (Alcock, 2012; Henriksen et al., 2015; Hogg & Barnes, 2011). These developments have created new opportunities for the voluntary sector to expand their role in providing social welfare services, increased government interactions with the voluntary sector and strengthened the ability of the voluntary sector to influence social welfare policy and service provision (Hogg & Barnes, 2011). Yet, despite the dominance of the voluntary sector in this area, there is a lack of robust research into the role of the voluntary sector in meeting the needs of families and children with complex needs and how this compares with available social work services (see Dickinson et al. 2012; Rees et al. 2012).

This project sought to address this gap in our knowledge by answering the following four questions:

1. What are the main issues with the commissioning, governance and delivery of services by the voluntary sector?
2. What is currently known about how services provided by the voluntary sector can influence family outcomes and does this differ depending on the model of delivery and/or governance used?
3. Does the voluntary sector supplement, hinder or substitute statutory social work services?
4. Are there gaps in our knowledge, policies and/or data collection which may need to be addressed in order to develop an effective, efficient and economical model of service provision in this area?

In order to answer these questions, two rapid reviews of the available literature were conducted.

REVIEW METHODOLOGY

Given the constrained timeframe within which the project had to be completed, a rapid review was deemed to be the most appropriate methodology available to review the literature in this area. While rapid reviews differ from systematic reviews in their duration, range of resources used and rigor, research comparing the use of rapid and systematic reviews has found that their essential conclusions do not differ greatly from those of systematic reviews (NCCMT, 2010; Watt et al. 2008). As policymakers, decision-makers and other stakeholders often require a swift, succinct and meticulous approach to synthesising research evidence, rapid reviews have evolved to fill this need (Khangura et al., 2012). Rapid reviews involve adopting a streamlined approach to analysing existing research evidence and summarising the key themes to emerge in a concise manner (Khangura et al., 2012). Rapid reviews are typically used in health care settings to informing decision-making (Khangura et al., 2012).

In order to answer the four research questions in this project, two separate rapid reviews were conducted. The first rapid review searched through the available literature on the commissioning, governance and delivery of services by the voluntary sector to families and children with complex

needs. The second rapid review examined the available literature on voluntary sector service provision and its influence on family outcomes. If family outcomes differed depending on the model of delivery or governance used was also explored. Research questions three and four were addressed by drawing on both of these rapid reviews to examine whether voluntary sector service provision supplemented, hindered or substituted statutory social work services and what gaps in our knowledge needed to be addressed in order to develop a more effective, efficient and economical model of service delivery in this area. The number of rapid reviews conducted and the search strategies used were decided in consultation with the project advisory group and was reviewed by a Cochrane Trial Search Coordinator (see Appendix A and B for exemplar search strategies used for the two separate rapid reviews). The project advisory group consisted of a mixture of practitioners and service users and advised on the inclusion of grey literature, the relevance of material to Northern Ireland and provided feedback on the findings (which have been incorporated into this report).

For the two rapid reviews, a targeted search of databases, indexes and websites known to contain literature relevant to this topic area was undertaken (see Table 1).

Table 1: Resources used to conduct the rapid reviews

Databases and Indexes	Websites
The Cochrane Central Register of Controlled Trials (CENTRAL) (Cochrane library)	Social Science Research Network.
MEDLINE (ovid)	Google scholar
EMBASE (ovid)	SCIE
PsycINFO (ovid)	
Cumulative Index to Nursing and Allied Health Literature (CINAHL) (EbscoHOST)	
International Bibliography of Social Sciences (IBSS),	
Sociological Abstracts	
Web of Science ISI	
Criminal Justice Abstracts	
Wiley online library	
Social Services Abstracts	
Proquest Dissertations & Theses: UK & Ireland	

In line with recommendations for conducting rapid reviews, date (from 2000 onwards) and language restrictions (English only) were applied (see NCCMT, 2010). A combination of medical subject headings and free text terms relating to the 'voluntary sector,' 'social work services,' 'complex needs' and 'children and families' were used. A detailed search strategy for each database, index and website was also developed, which accounted for differences in controlled vocabulary and syntax rules and search strategies were amended/adapted for each database, index and website. Papers were only included in the reviews if they concerned voluntary and social work service provision to families and children (up to 18 years) with complex needs and were relevant to the research questions.

A definition of complex needs was discussed and agreed with the project advisory group. It was decided that the definition of complex needs provided by Rankin and Regan (2004) was the most suitable for this project. According to Rankin and Regan (2004), 'complex needs' is a term used to refer to multiple, interlocking needs that span health and social issues. Rankin and Regan (2004) state that complex needs imply both breadth of need (i.e. more than one need, with multiple needs

interconnected) and depth of need (i.e. profound, severe, serious or intense needs). Examples of the types of need those with complex needs may demonstrate include learning disability, mental health problems, substance abuse, poverty, exclusion, deprivation, insufficient access to meaningful daily activity and housing problems (see Rankin and Regan, 2004). This definition of complex needs was used to screen the papers emerging from the rapid reviews, with papers that did not focus on families and children with at least two separate but interrelated needs being excluded from the analysis.

The abstracts/summaries of all papers identified in the rapid reviews were independently inspected by two members of the research team and were only included in the analysis if they were written in English, published since 2000, adhered to Rankin and Regan's (2004) definition of complex needs, discussed voluntary and social work service provision to families and children with complex needs and were relevant to the research questions (see Figure 1 and 2 for a flowchart detailing the number of papers included and excluded at each stage of this process). Full text papers were retrieved if the paper was deemed eligible for inclusion based on the information contained in its abstract/summary, as well as those papers for which it was unclear if they should be included or not based on their abstract/summary. This screening process resulted in a final sample size of 161 for the first rapid review and 71 for the second rapid review (see Figures 1 and 2).

Data were extracted from the papers using a data extraction tool developed by the research team and informed by the project advisory group. This tool captured the following information:

- Author
- Title
- Year
- Country
- Background/intervention/service
- Methods
- Sample size
- Definition of complex need
- Key results/findings.

Thematic analysis was used to map the range of issues outlined in the papers and identify areas for future research. The findings are presented as a narrative summary.

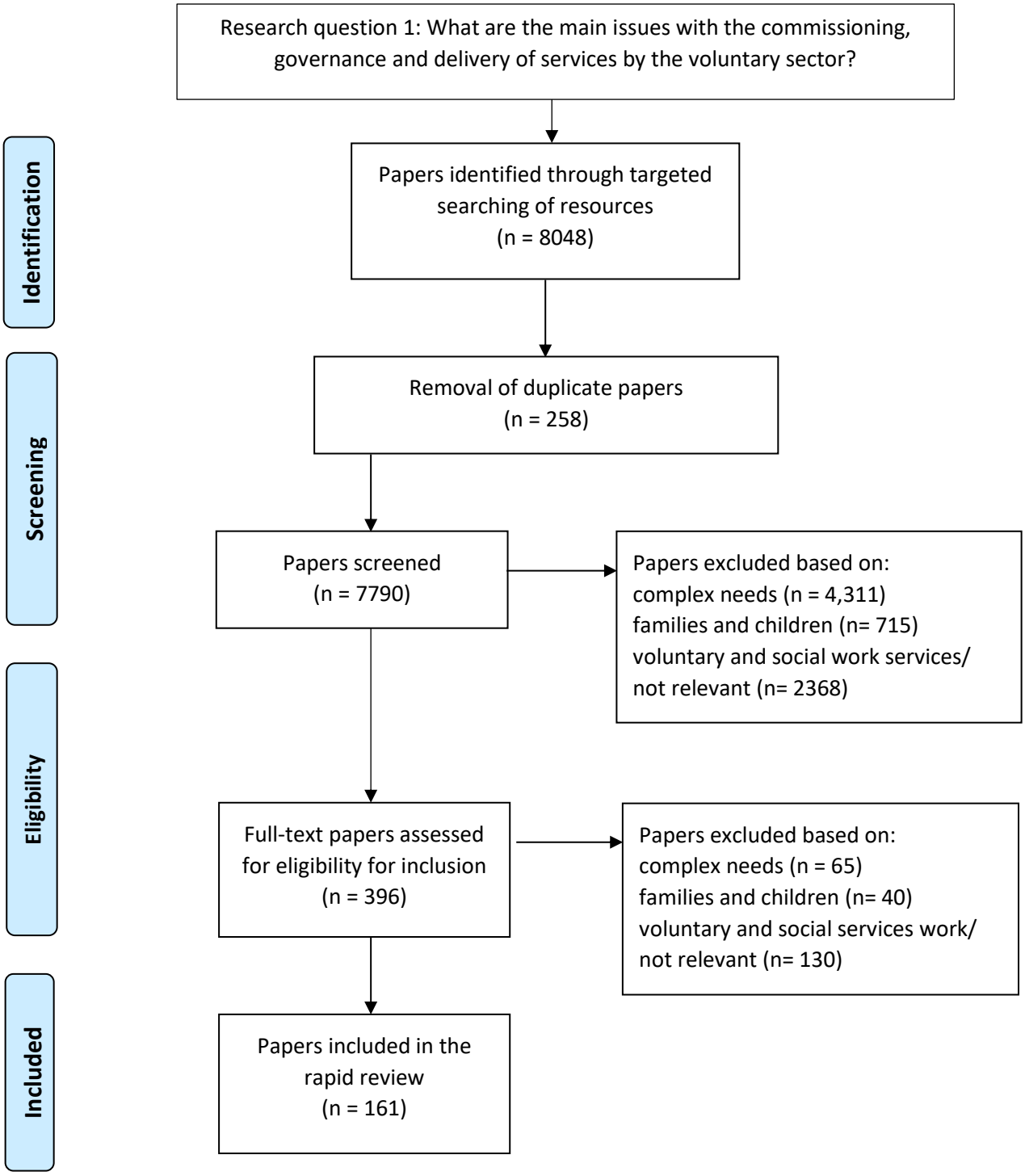

Figure 1: Flowchart outlining the process for the first rapid review examining the commissioning, governance and delivery of services by the voluntary sector

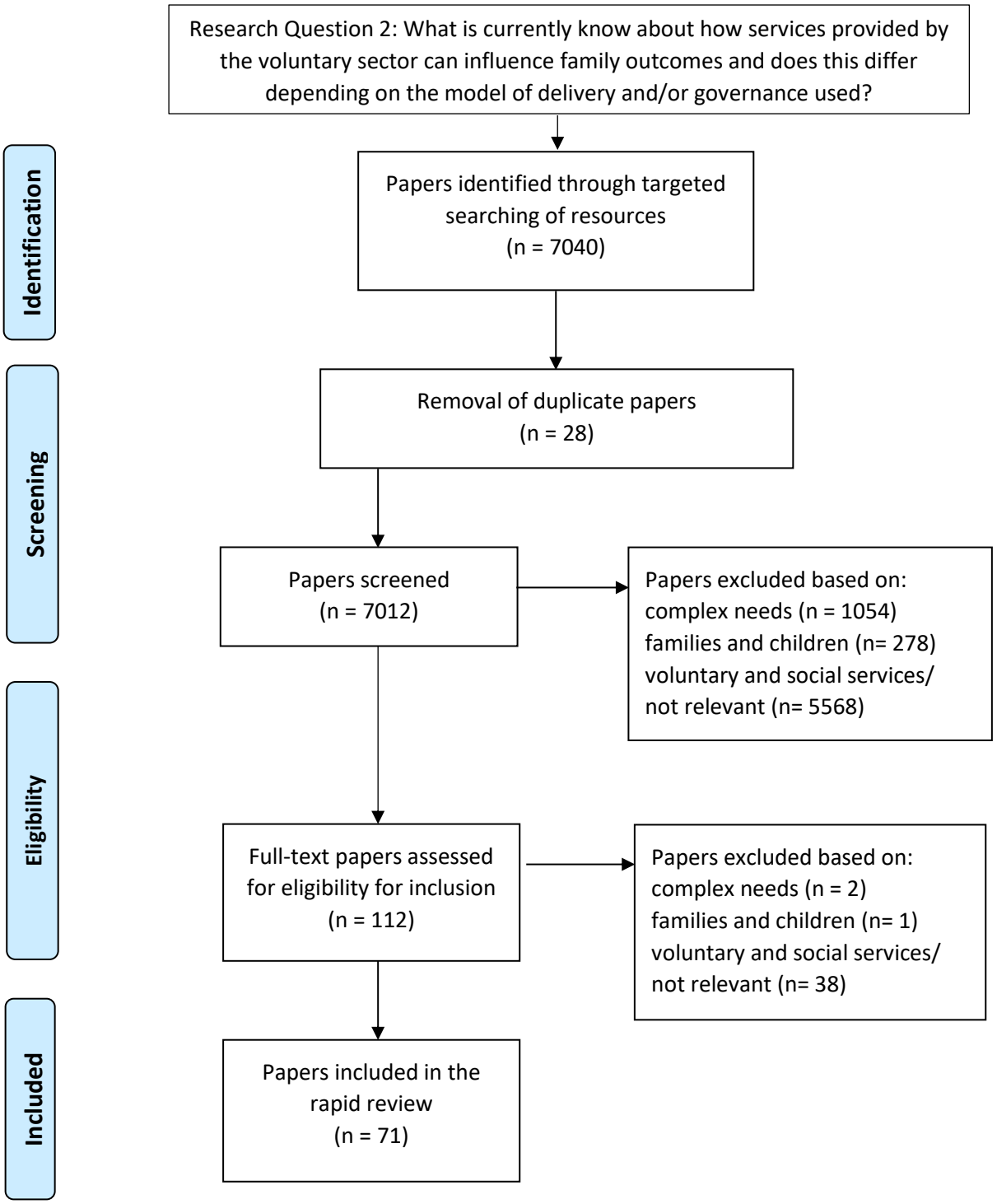

Figure 2: Flowchart outlining the process for the second rapid review focusing on voluntary sector service provision and family outcomes

SAMPLE CHARACTERISTICS

The final sample of the first rapid review consisted of 161 papers, mostly drawn from the USA and the UK (see Table 2). However, a number of papers from a variety of countries throughout the rest of the world were also included (see Table 2).

Table 2: Country of origin of the papers reviewed in the first rapid review

Country	Number
USA	74
UK (only one paper focused on Northern Ireland)	50
Australia	8
Canada	7
China	4
Norway	4
New Zealand	4
South Korea	2
France	1
Republic of Moldova	1
Tanzania	1
Portugal	1
Germany	1
UK & Canada	1
Italy & The Netherlands	1
UK, Republic of Ireland, Sweden, Germany, France, Italy, Belgium, Norway, Denmark, Austria, Greece, Portugal, Spain, Luxemburg, Finland & Iceland.	1

There were 427 different types of needs referred to in these papers, resulting in an average of 2.6 different types of needs per paper. The majority of these papers focused on family support, child protection, mental health and poverty/marginalisation (see Figure 3).

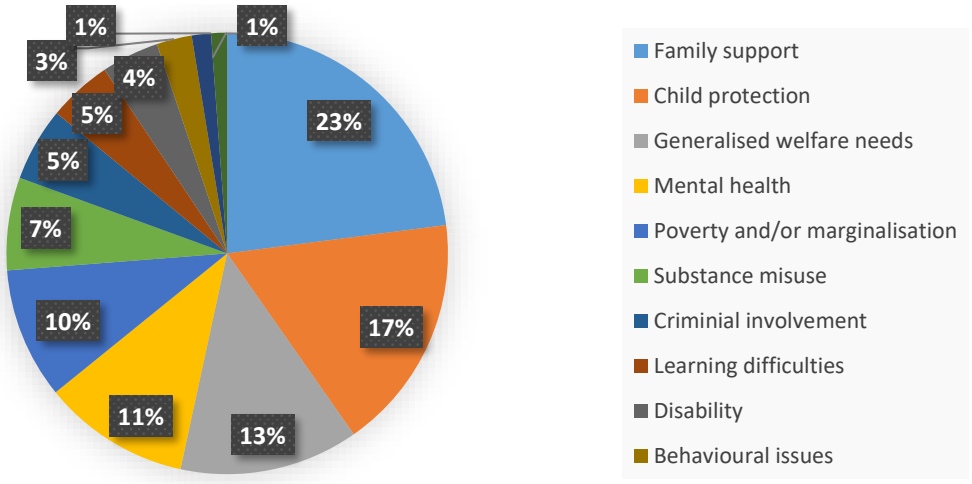

Figure 3: Variety of needs referred to in the first rapid review

A summary of the range of methods used in the papers reviewed, sample size range and nature of the participants taking part in the research is provided below (see Table 4). However, no formal quality assessment was undertaken on these papers due to time constraints.

Table 4: Summary of the methodologies used in the papers reviewed in the first rapid review

Methodology	Number	Sample Size Range	Participants
Qualitative approach (includes interviews, focus groups, observations, review of case files and policy documents)	47	Interview sample size ranged from 5 to 161. Focus group sample size ranged from 7 to 79. Number of case files reviewed varied from 11 to 50. Number of documents reviewed was only provided in one study (n=50), with nine studies not stating the number of documents reviewed. Observations ranged from one day to two months. Six studies did not provide any details on the size of their sample.	Participants were mostly frontline staff providing social welfare services (including staff from a range of voluntary and community, private and statutory organisations), service managers, contract administrators, service commissioners, carers and service users. Only nine studies included service users and/or carers in their sample and one study did not provide any participant details.
Quantitative approach (includes surveys and use of administrative data)	40	Survey sample size ranged from 26 to 4890. Sample size for administrative data ranged from 35 cases to 6061.	Participants included frontline staff providing social welfare services (from voluntary and community, private and statutory organisations), service managers, contract administrators, service commissioners and service users. Only eight studies included service users and five studies did not provide any participant details.
Theoretical overview	39	Not applicable	Not applicable
Mixed methods combining a qualitative and a quantitative approach	25	Survey sample size ranged from 16 to 1782. Interview sample size ranged from 2 to 223. Focus group sample size ranged from 11 to 450. Number of case files reviewed ranged from 45 to 1800. Sample size for administrative data ranged from 84 cases to 28831.	The majority of participants consisted of frontline staff providing social welfare services (from voluntary and community, private and statutory organisations), service managers, contract managers, commissioner of servicers and service users. Seven studies involved service users as participants and no participant details were provided in one study.
Self-reflective paper	8	Not applicable	The authors included those involved in commissioning, designing, managing and implementing social welfare service delivery systems, as well as academics reflecting on the lessons learned from previous action research projects they had been involved in.
Systematic review	2	Number of articles reviewed ranged from 7 to 76.	Not applicable

The second rapid review consisted of a final sample of 71 papers and again the majority of papers originated from the USA and the UK, although there were also a number of papers drawn from other countries throughout the world (see Table 5).

Table 5: Country of origin of the papers reviewed in the second rapid review

Country	Number of Studies
USA	32
UK (only three papers focused on Northern Ireland)	15
Australia	3
Canada	3
Israel	2
Italy	2
Sweden	2
Norway	1
Germany	1
New Zealand	1
South Africa	1
China	1
Republic of Singapore	1
Republic of Ireland, Spain, Greece, Italy, Poland, Estonia, Hungry, France, Germany, Sweden & UK	1
UK, Republic of Ireland, Sweden, Germany, France, Italy, Belgium, Norway, Denmark, Austria & Greece	1
Sweden, Norway, Denmark, Austria & Germany	1
UK, France & Germany	1
USA & New Zealand	1
Not specified	1

In the papers included in the second rapid review, there were 230 different types of needs referred to, resulting in an average of 3.2 different types of needs being referred to in each paper. The majority of these papers focused on child protection, family support, mental health and substance misuse needs (see Figure 3).

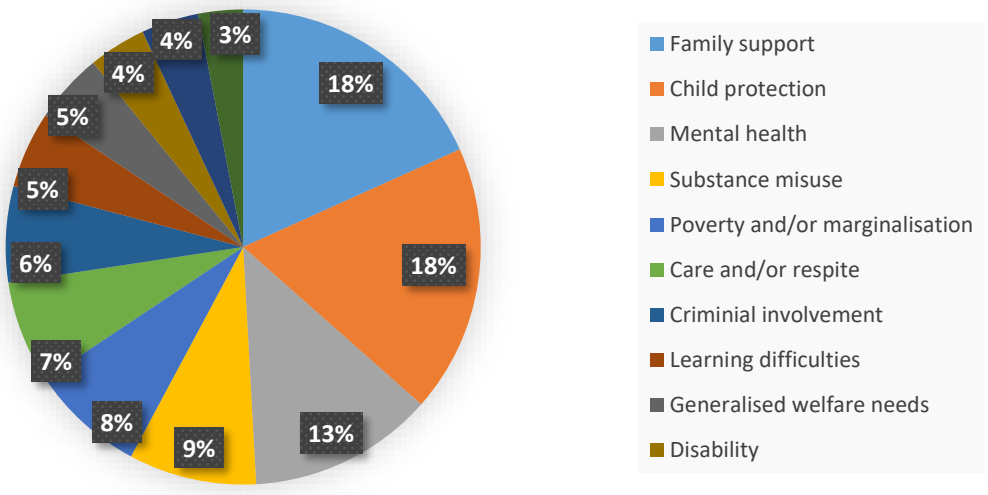

Figure 4: Variety of needs referred to in the second rapid review

A summary of the range of methods used in the papers reviewed in the second rapid review, sample size range and nature of the participants taking part in the research is provided below (see Table 5). However, no formal quality assessment was undertaken on these papers due to time constraints.

Table 6: Summary of the methodologies used in the papers reviewed in the second rapid review

Methodology	Number	Sample Size Range	Participants
Qualitative approach (includes interviews, focus groups, observations, review of case files and review of policy documents)	20	Interview sample size ranged from 9 to 188. Focus group sample size ranged from 5 to 64. No details provided on number of policy documents reviewed. Five studies did not provide any details on the size of their sample.	Participants were predominately frontline staff providing social welfare services (including voluntary and community, private and statutory organisations), service managers, contract administrators, service commissioners and service users. Only four studies included service users as their participants and two studies did not provide any participant details.
Theoretical overview	17	Not applicable	Not applicable
Mixed methods combining a qualitative and a quantitative approach	14	Survey sample size ranged from 26 to 442. Interview sample size ranged from 3 to 125. Focus group sample size ranged from 10 to 150. Case file review sample size ranged from 11 to 201	Participants included frontline staff providing social welfare services (from voluntary and community, private and statutory organisations), service managers, contract managers, commissioner of services and service users. Only three studies included service users as participants and one study did not provide any participant details.
Quantitative approach (includes surveys and use of administrative data)	13	Survey sample size ranged from 25 to 11,931. Sample size for administrative data ranged from 9 cases to 80.	The majority of participants consisted of frontline staff providing social welfare services (from voluntary and community, private and statutory organisations), service managers, contract managers, commissioner of servicers and service users. Only three studies involved service users as participants.
Self-reflective article on working in this area	6	Not applicable	The authors included those involved in commissioning, designing and managing social welfare service delivery systems, as well as academics reflecting on the lessons learned from action research projects.
Systematic review of available literature	1	103 articles were reviewed.	Not applicable

FINDINGS

In the following sections, the findings from the two rapid reviews are presented in a narrative summary. The findings are divided into four subsections, corresponding to each of the four research questions this project is seeking to address. The first subsection summaries the key themes to emerge from the first rapid review and examines the issues surrounding the commissioning, governance and delivery of services by the voluntary sector to families and children with complex needs. The second subsection explores how voluntary sector service provision can affect family outcomes and how these outcomes may differ depending on the model of delivery and governance used. This section draws on the findings of the second rapid review. The third subsection examines the extent to which voluntary sector services can supplement, hinder or substitute statutory social work services. Lastly, the fourth subsection identifies gaps in our knowledge and/or data collection which must be addressed in order to develop an effective, efficient and economical model of service provision in this area. The third and fourth subsections draw on the findings emerging from both the first and second rapid reviews.

COMMISSIONING, GOVERNANCE AND DELIVERY OF SERVICES

Key points

- Commissioning the voluntary sector to provide services to children and families with complex needs was largely beneficial, as services were delivered in ways that better matched service user needs and the political sway of the voluntary sector increased, allowing the voluntary sector to be a more successful advocate for those with complex needs.
- However, there were common drawbacks associated with how the commissioning process was designed and implemented that could negatively impact on service delivery, hinder effective interagency collaboration, distort service provision and limit its ability to result in more accountable, cost-effective service provision.
- Of particular concern was that the design of the commissioning process could undermine the independence of the voluntary sector, reduce its flexibility to adopt an individualised approach, contribute to a more fragmented, short-term approach to service provision and hinder the development of trusting relationships which are key to developing effective interagency cooperation and engaging those with complex needs.
- In addition, how the commissioning process was implemented could affect its ability to achieve more accountable, efficient and cost-effective services. For example, the cost of service provision was frequently underestimated by government officials, governance of contracts was often lacking and/or inadequate or there were limited alternative providers that could be used, restricting the ability of government officials to hold service providers to account for poor service provision. Moreover, insufficient attention was paid to ensuring that structures to promote interagency collaboration were built into the commissioning process to combat service fragmentation and the appropriateness of performance measures and how they may impact on service provision was not always considered.
- Consequently, unless these issues were addressed, a competitive tendering process of commissioning services did not result in a more cost-effective or efficient service provision, compared to the use of a non-competitive process, and could make the achievement of effective interagency collaboration more difficult.

Overall, there was a concern that government changes to how services were being commissioned and governed was resulting in the reconstruction of the voluntary sector and its relationship with the government and State agencies (e.g. Craig et al., 2000; Cunningham, 2013; Fink et al., 2011; Gibbs, 2001; Milbourne & Cushman, 2015; Vallender, 2006). In particular, concerns were expressed about the funding model used in the commissioning process and the extent to which reliance on State funding may undermine the independence of the voluntary sector, overly determine its service provision and affect its advocacy activities (e.g. Craig et al., 2000; Cunningham et al., 2013; Fink et al., 2011; Milbourne & Cushman, 2015; Rees, Miller & Buckingham, 2017; Watson, 2012). Worries were also expressed about the suitability of the measures that were being used to assess performance and if the use of performance-based contracts could actually hinder the effective delivery of services to families and children with complex needs (e.g. Herzog-Evans, 2004; Kearney et al., 2010; McBeath & Meezan, 2008).

FEARS ABOUT THE COMMISSIONING PROCESS

A number of benefits associated with the commissioning process were highlighted. For example, it could provide voluntary organisations with an opportunity to expand their services and grow their revenue sources (e.g. Ryan et al., 2013). It also increased the role of voluntary organisations in providing services and supports to families and children with complex needs, the engagement between State agencies, government officials and policymakers with the voluntary sector and the extent to which policymakers and decision-makers consulted with the voluntary sector about the needs of those with complex needs and how best to deliver services to this group (e.g. Jennings, 2013; Watson, 2012). It was argued that these benefits could enhance outcomes for those with complex needs as more services were provided to support them, services were being delivered in a way which better matched their needs and as the political sway of the voluntary sector increased, allowing this sector to more successfully advocate for the needs of this group (e.g. Boardman & Vinning, 2012; Chen & Graddy, 2010).

However, within the literature, more negatives were expressed about the commissioning process than positives. To begin with, the promotion of a 'contract culture' and shift away from providing grants to the voluntary sector was viewed by some as potentially inhibiting the campaigning, developmental and advocacy roles of the voluntary sector, as well as being overly deterministic in specifying what services should be provided and how they should be delivered (e.g. Craig et al., 2000; Gibbs, 2001; Haslag et al., 2012). It was argued that as part of the commissioning process, what services and how they were supposed to be delivered could be predetermined, leaving little room for flexibility in engaging families or the methods used to address their needs (e.g. Haslag et al. 2012). Whilst it was recognised that this high degree of specificity was often linked to an attempt to improve outcomes for families and children by standardising programme delivery, it was felt that it could hinder the ability of organisations to meet the individualised needs of service users (e.g. McBeath & Meezan, 2008; Vennard & Hedderman, 2009; Willumsen & Hallberg, 2003). Moreover, if the possibility of receiving State funding was only associated with providing certain types of services to particular groups of individuals, there was a fear that this could lead the voluntary sector to reduce their services and/or focus on those for whom government funding was not available (Cunningham et al., 2013; Jennings, 2013; Kim, 2013). Austin and Prince (2003) referred to this as "categorical funding", where funds were made available only for highly specific and prescribed services. As a result, they fear that in cases of complex and cross-over need, no one single agency may have overall responsibility for ensuring that all needs are meet and that multiple targeted and focused services may not provide the breadth of support required.

In addition, as voluntary organisations are generally funded by the government to provide services in conjunction with State agencies, there was a perception that the independence of the voluntary sector from government policies, systems and officials was being undermined as the voluntary sector was steadily becoming a part of this system through its cooperation with State agencies and involvement in service delivery for these agencies (e.g. Gibbs, 2001; Jennings, 2013; Levine, 2009; Milbourne & Cushman, 2015; Vennard & Hedderman, 2009). Questions about the extent to which voluntary organisations could unreservedly criticise government policies and processes, if they were also involved in these processes were raised, especially if doing so would jeopardise future government funding (Kim, 2013; Milbourne & Cushman, 2015; Osbourne, 2000; Ware & Todd, 2002).

With regards to how much the government and State agencies were paying the voluntary sector to deliver these services, there was often criticism expressed about the tendency for government officials and State agencies to under-estimate the cost of this service provision and to place all the financial risks associated with providing these services on the service provider (e.g. Craig et al., 2000; Fink et al., 2011; Rees et al., 2017; Watson, 2012). The under-estimation of the costs associated with service provision can negatively affect service delivery and/or quality, unless voluntary organisations are in a position to be able to supplement State funding with other sources of revenue (e.g. Abramovitz & Zelnick, 2015; Cunningham, 2010; Foster & Meinhard, 2005; Jennings, 2013; Ware et al., 2001). By increasing competition in the social work service provision market, policymakers and government officials are attempting to reduce the cost of providing these services (e.g. Lamothe, 2015; Rees et al., 2017). However, as few acceptable service providers tend to bid for these contracts, this limits the potential for cost savings to be achieved, as it can reduce the power of government officials to negotiate over price as there are few acceptable alternative providers to choose from (see Lamothe, 2015). In addition, as contracts are frequently rolled over without adequate scrutiny of the extent to which service providers have adequately achieved their performance targets, the use of these contracts has not resulted in the delivery of a more cost-effective and efficient service (e.g. Lamothe, 2015; Rees et al., 2017; Stanley et al., 2013). The short duration of funding contracts is also problematic for a number of reasons (e.g. Abramovitz & Zelnick, 2015; Collins et al., 2012; Gibson et al., 2007; Milbourne, 2009; Ryan et al., 2001). Firstly, a longer timeframe is required to develop meaningful relationships and engage those with complex needs in programmes (e.g. Milbourne, 2009; Rees et al., 2017; Ryan et al., 2001). Secondly, due to the nature of their complex needs, it is unlikely that improvements will become evident after only a short period of service delivery (e.g. Meagher & Healy, 2003; Munford & Sanders, 2001; Samples et al., 2013). Thirdly, other organisations were reluctant to engage with service providers or refer families to them if their long-term viability was in question (e.g. Ware et al., 2001). Fourthly, the lack of job security could contribute to the loss of talented staff, hindering the development of trusting relationships between frontline staff and service users (e.g. Cunningham, 2008, 2010; Cunningham et al., 2013 Jayaratne & Faller, 2009). Fifthly, the need to re-apply for funding could draw staff away from working directly with families and children due to the administrative burden involved in these applications (e.g. Levine, 2009). Lastly, it created a fragmented system in which service provision is developed in a piecemeal fashion, with different services delivered by different providers for different purposes at different times, with different funding streams, requirements, procedures, eligibility criteria and philosophies (e.g. Papin & Houck, 2005). Public sector funding cuts imposed on the voluntary sector could also result in programme closures, resulting in less services and supports for families and children with complex needs (e.g. Craig et al., 2000; Fink et al., 2011).

Other difficulties identified with the commissioning process centred on how the commissioning process was conducted and the impact this could have on service delivery. For instance, State agencies could sometimes experience difficulties in accurately identifying the prevalence of needs, resulting in a potential mismatch between service need and what services were being commissioned for delivery (e.g. Fyfe & Milligan, 2003; Milbourne, 2009; Ryan et al., 2001). While there was greater consultation

with the voluntary sector over the identification of need and the model of service delivery required, there continued to be inconsistent involvement of the voluntary sector in the reviewing, planning and analysis stage of commissioning (e.g. Rees et al., 2017). Inconsistent approaches taken by government officials and State agencies in advertising tenders, delays in decision-making and payment for services, u-turns and unexplained termination of processes was also frustrating for the voluntary sector and could sometimes result in extra administrative costs, which were generally expected to be absorbed by voluntary organisations, further reducing the amount of money they had available for service delivery (e.g. Craig et al., 2000; Rees, et al., 2017). Once tendered, there can be difficulties getting contracts finalised, adding to perceptions of the commissioning process as complex, confusing and time-consuming, while making forward financial planning and management more difficult (see Rees et al., 2017). Moreover, the process of awarding contracts and setting performance targets for projects in isolation could undermine service integration and drive an artificial wedge between programmes, creating competition over referrals and resources rather than cooperation (e.g. Levine, 2009; Vallender, 2006).

Further, the commissioning process tended to favour larger organisations with the infrastructure, capacity and skills to successfully compete for and deliver these contracts (see Lamothe, 2015; Rees et al., 2017; Ware et al, 2001). This could disadvantage voluntary sector organisations in comparison to other private sector providers, and especially disadvantage smaller voluntary organisations, as they tended to lack employees with the skills needed to successfully develop bids for competitive tenders and/or the capacity to delivery services across a wide geographical area (e.g. Lamothe, 2015; Rees et al., 2017; Ware et al., 2001). Stanley and colleagues (2013) found that the lack of skilled staff in writing competitive tenders can result in non-profit organisations losing tender bids because they have not presented themselves well in the tendering documentation, despite delivering a good service and, in some cases, a better service than those who ultimately won the tendering process. Relationships with commissioners can also be an issue. Rees and colleagues (2017) reported some organisations were particularly successful in obtaining funding outside the commissioning process due to their relationships with key government officials and/or politicians. Such incidents could undermine transparency and contribute to competitive tensions with other organisations providing similar services, decreasing trust and interagency collaboration (see Rees et al., 2017). Concerns were also expressed about how insufficient governance could impact on service delivery as action was not always taken to address shortcomings in service provision and when poorly performing service providers could continue to win tenders despite their poor performance (e.g. Carson et al., 2012; Grohs, 2014; Van Slyke, 2007).

CONCERNS ABOUT GOVERANCE

From the literature, governance mechanisms were frequently a key component of the contracts governing service provision to families and children with complex needs but it was questionable whether adequate use of these governance mechanisms were made to improve performance and if the most appropriate performance measures were always used. Generally, there were two main types of performance measures used. One focusing on service delivery examining 'how much had been done' and a second focusing on service effectiveness and/or service user outcomes. While service delivery is generally within the control of the service provider, service effectiveness and user outcomes can be affected by a range of factors outside of the control of the service provider (e.g. Cohen, 2002; Colvin, 2017; Holosko et al., 2009; Munford & Sanders, 2001; Stanley et al. 2013). Adequate distinction is not always made between these different measures, affecting the extent to which governance mechanisms can properly hold the voluntary sector to account for performance that is truly within their control to deliver.

Increasingly, organisations delivering community-based health and social care are under pressure to prove the quality of and value of their service delivery (e.g. Boon et al., 2017). This has led to a growth in the popularity of performance-based contracts but often these contracts were being developed with little empirically guided information about what performance measures are most likely to result in improved services and outcomes (e.g. Chuang et al., 2011; Kearney et al., 2010). In many cases, performances measures can be chosen based on their ease of measurement rather than because of their links with improved service delivery and outcomes. For example, measures of programme/service activity (e.g. number of referrals, programme interviews conducted and number of successful programme completions) can be used to measure performance, despite these measures revealing little about the quality of service provided or how well this service is helping those with complex needs (e.g. Chaidez-Gutierrez & Fischer, 2013; Flaherty et al., 2008; Rees et al., 2017). Moreover, contracts could sometimes be awarded to service providers without these providers being clear on what measures were going to be used to measure their performance before commencing service delivery (see Carson et al., 2012). Indeed, in some cases, fears have been raised that the use of these performance measures can actually reduce the quality of service received by those with complex needs as organisations seek to prioritise the achievement of performance targets (e.g. Herzog-Evans, 2004; Kearney et al., 2010; McBeath & Meezan, 2008). This issue is discussed in more depth in the outcomes and governance subsection (see page 25).

Additionally, governance mechanisms will be of little use if they are not monitored and action taken to address poor performance. In many cases, studies found that officials overseeing the commissioning process had limited expertise in preparing tenders, managing contracts, interpreting performance data or knowledge of how to impose sanctions on service providers for poor performance (e.g. Carson et al., 2012; Grohs, 2014; Van Slyke, 2007). Considerable variation was evident in how government and State officials managed contracts, the amount of performance data service providers are asked to provide and the extent to which this performance data was being actively monitored and assessed (e.g. Carson et al., 2012; Chaidez-Gutierrez & Fischer, 2013; Herzog-Evans, 2014; Stanley et al., 2013). There also appeared to be a lack of acknowledgement by government and State officials that differences in performance measures may not indicate variation in service quality but may instead reflect differences in the characteristics of the service users availing of these service (see Kearney et al., 2010). As previously stated, services working with those with complex needs require more time to encourage engagement and evidence improvements in outcomes due to the complexity of these needs (e.g. Meagher & Healy, 2003; Milbourne, 2009; Mumford & Sanders, 2001; Rees et al., 2017; Ryan et al., 2001; Samples et al., 2013). This must be taken into account when deciding on the performance measures used, in order to avoid a situation developing whereby those with the most complex of needs are being passed over due to the difficulties involved in engaging these individuals, their increased tendency to drop out of programmes before completion and the longer time required before improvements in outcomes are demonstrable (e.g. Anderson, 2004; Redmond et al., 2009; Tan, 2009). For a fuller discussion of this point, please read the outcomes and governance subsection on page 25.

Accordingly, due to these governance challenges, it does not appear that the service providers commissioned through a competitive tendering process have been held to a higher standard than those funded through a non-competitive process (see Lamothe & Lamothe, 2009; Stanley et al., 2013; Rees et al., 2017). In addition, the lack of a range of suitable alternative providers to choose from also hinders the ability of commissioners to impose sanctions or terminate contracts with poorly performing service providers (e.g. Carson et al., 2012; Grohs, 2014; Van Slyke, 2007). This raises fundamental questions about the underlying rationale behind the adoption of a system built around the competitive tendering of services and use of performance-based contracts if in reality how this system is being implemented is not resulting in an improved standard of service delivery.

IMPACT ON SERVICE DELIVERY

Legislative changes compelling organisations to improve interagency collaboration and to focus on overall outcomes rather than specific programme/service related outcomes can have a positive impact on service delivery (see Zlotnik et al., 2015). However, without interagency collaboration being enhanced and clear agreement on an overall set of outcomes that all service providers are working towards, there appears to be little improvement in service delivery. Indeed, in many cases, service delivery became more fragmented and disjointed due to the range of different service providers working with those with complex needs to achieve differing outcomes (e.g. Boardman et al., 2012; Chen & Graddy, 2010; Cottrel et al., 2000; Farrell et al., 2004; Kaehne, 2013; Lee et al., 2012; Papin & Houck, 2005). Unless a system for promoting collaboration and coordination was provided, increasing the range of service providers and adding to uncertainty about their long-term sustainability (through the provision of short-term funding) could add to system instability and hinder effective service provision by exacerbating existing barriers to interagency collaboration (e.g. Drabble, 2007; Edgley & Avis, 2007; Parrish et al., 2013; Ryan et al., 2001; Willumsen & Hallberg, 2003).

As different agencies view problems differently and approach the provision of services differently, this increased the challenges involved in attempting to find a common approach to facilitate interagency collaboration (e.g. Papin & Houck, 2005; Ryan et al., 2001). Differing approaches by service providers resulted in varying risk management procedures and views regarding what behaviours warranted intervention, as well as differing beliefs regarding how service provision should be prioritised (e.g. Drabble, 2007; Lester et al., 2008). Government policies encouraging service providers to compete over service provision contracts could also dampen interagency collaboration and the development of open, trusting relationships, which were found to be key to successful interagency collaboration (e.g. King & Meyer, 2006; Levine, 2009; Milbourne, 2009; Xu & Morgan, 2012; Zlotnik, et al. 2015). While the voluntary sector (and other organisations) could simultaneously hold both cooperative and competitive relationships with each other (see Bunger et al., 2014), the competition over funding meant that professionals had a vested interest in protecting their own organisation to ensure their organisation's continuation and their own job security (e.g. McBeath et al., 2012; Mulroy, 2000; Rees, et al., 2017; Ryan et al., 2001). This can lead to professionals seeking to protect their own 'turf', influencing how referrals are made between service providers who are in competition with each other, hindering collaboration (e.g. Herzog-Evans, 2014; King & Meyer, 2006; Ryan et al., 2001).

Other studies indicated that organisational systems and the commissioning process were not structured in a way which allowed sufficient time for frontline workers to build up collaborations with other service providers or allowed sufficient research to be conducted to assess the service's effectiveness (e.g. Lester et al, 2008; Ryan et al., 2001). Increasingly workloads and reducing budgets restricted the time available to build up these types of relationships or to become familiar with the wide range of services provided by alternative providers (e.g. Lester et al, 2008; Ryan et al., 2001). Yet, according to Fernandez and colleagues (2015), in order for successful collaborations to be developed, it is important that staff and organisations break out of their silo working practices. Lack of clarity over the different eligibility criteria used by service providers, where divisions of responsibility lay and agreeing information sharing protocols were also problematic and negatively impacted on service delivery (e.g. Collins-Camargo et al., 2011; Corcoran & Fox, 2013; Gannon-Leary et al. 2006; Moran et al., 2007; Stanley et al., 2013; Willumsen, 2008; Zlotnik et al., 2015). Therefore, a system of commissioning and delivery services which is designed to promote diversity and turnover in service providers (as a means of improving cost-effectiveness, outcomes and service delivery), must build in structures, protocols and time for interagency collaboration to occur, if the proposed benefits of such a system are to be realised. Moreover, if services are only funded for a short period of time, this limits the about of time available to continue research to enhance our understanding of what works well and what does not work when delivery services to those with complex needs.

OUTCOMES FOR CHILDREN AND FAMILIES WITH COMPLEX NEEDS

Key points

- Children and families with complex needs can be hard to engage. One of the key strengths of using the voluntary sector to deliver services is its ability to engage hard to reach groups and those who feel disenfranchised from the State, especially in jurisdictions affected by conflict. This is important as outcomes are unlikely to be improved unless families and children engage with services.
- While children and families with complex needs value the more personalised service provided by the voluntary sector, no consistent differences in outcomes and/or the experience of accessing services was found between different types of service providers. Instead, the culture and working practices of each individual service provider was found to be more important in shaping the outcomes and experiences of children and families with complex needs than whether these services were provided by a voluntary organisation, State agency, other non-profit organisation or private provider.
- Effective interagency collaboration was key to improving the outcomes experienced by children and families with complex needs. Factors that were linked to effective interagency collaboration included the co-location of services, sharing of resources between different service providers, basing services in local communities, providing 'drop-in' services without a prior appointment, involving service users in decision-making, sharing information and referral systems, positive interagency staff relations, shared decision-making and using combined funding streams.
- How the commissioning process was designed and implemented could hinder effective interagency collaboration and negatively impact on the outcomes children and families with complex needs experienced. A commissioning process which made effective interagency collaboration more difficult, used inappropriate performance measures and had insufficient governance mechanisms negatively impacted on outcomes and caused significant disruption to service provision. Consequently, there was a tension between the potential cost-savings that may be achieved by encouraging service providers to compete over service delivery and the negative impact this could have on the outcomes experienced by children and families, as well as their experiences of accessing these services.
- If multiple different service providers are involved in providing services to children and families with complex needs, the use of case coordinators to ensure a smooth transition between different service providers can help to improve outcomes.

The extent to which the current process of commissioning the voluntary sector to deliver services to families and children with complex needs can improve outcomes for these families and children is explored next. More specifically, what is known about how services provided by the voluntary sector can influence outcomes and whether this differs depending on the model of delivery and governance used is examined.

BENEFITS OF VOLUNTARY SECTOR SERVICE PROVISION

A number of studies emphasised the positive role voluntary organisations can play in improving family outcomes. To begin with, the voluntary sector is credited with being better able to engage hard to reach groups who are not known to the State or engaging with State agencies (e.g. Appleton, 2005; Bell, 2007; Collins, 2006). Through their community connections, these organisations can identify those in need of help but are not engaging with existing State services (e.g. Acheson, 2001; Appleton, 2005; Buchbinder & Shoob, 2013; Collins, 2006). They are also able to engage those who feel disenfranchised from the State and/or stigmatised through their interactions with government officials (e.g. Acheson, 2001; Bell, 2006; Collins, 2006). Families and children report feeling less stigma when accessing services through the voluntary sector and the perceived independence of this sector from government departments, alongside their esteemed reputation for providing services to vulnerable groups, are attributed with encouraging greater programme engagement and programme completion (e.g. Artaraz et al., 2007; Bell, 2007). Voluntary sector workers have also been found to be committed to the altruistic aims of their organisations and are more likely than government officials to believe that the goals of their employer align with their individual career goals and aspirations (e.g. Freund, 2005). This alignment between altruistic organisational goals and individual aspirations is believed to strengthen the commitment of the voluntary sector to providing services to those in need, even when government funding is either unavailable or insufficient (e.g. Henriksen et al., 2015). It is this personal and organisational commitment to altruism, as well as the ability of the voluntary sector to engage hard to reach families, which has led some to argue that the voluntary sector is a better service provider compared to for-profit organisations, especially during times of diminishing public resources (e.g. Henriksen et al., 2015).

In addition, voluntary organisations are believed to be more attuned to the needs of families' due to their closer working relationships with people in local communities and greater appreciation for the challenges they face (e.g. Appleton, 2005). Research indicates that involvement in services provided by the voluntary sector can result in improved self-esteem, sense of belonging, confidence, wellbeing, empowerment, social support, increased employability, decreased anti-social behaviour and reduced stress (e.g. Collins, 2006; Dillenburger et al., 2008; Owen, et al., 2015; Tan, 2009). Participation in these services can represent value for money for government departments as one study found that involvement in a social enterprise saved the State $1.77 for every $1 invested (see Owen et al., 2015). However, many of the claims regarding the benefits of the voluntary sector as service providers are based on small scale qualitative studies. Larger studies indicate that while families and children tend to perceive these organisations as providing a more personalised service (which they greatly value), no differences were found in how service users ultimately rated worker accessibility, responsivity, relationship quality or satisfaction between frontline staff working in State agencies and non-profit service providers (e.g. Larkins et al., 2013; Stanley et al., 2013). Similarly, no difference in the work ethic or self-rated job performance of staff working in State agencies, the for-profit and non-profit sectors have been found (see Freund, 2005). Rather than differences emerging between State agencies and the non-profit sector, significant variability among different State agencies and non-profit organisations has been uncovered (e.g. Carson et al., 2012; Larkins et al., 2013; Stanley et al., 2013). This suggests that individual organisational culture and work practices may be more important in shaping the experiences and outcomes of families and children, rather than whether these services are provided by a State agency, voluntary organisation or other type of private sector provider.

Having said this, in jurisdictions that have been affected by conflict, there are some particular benefits associated with using the voluntary sector to deliver services to those with complex needs (e.g. Acheson, 2001; Buchbinder & Shoob, 2013; Freund, 2005; Mubangizi & Gray, 2011). For example, involving community organisations in service delivery can help to reduce the probability of conflict and unrest occurring, as well as assist with legitimating State officials as they work with voluntary

organisations to deliver services (e.g. Buchbinder & Shoob, 2013; Mubangizi & Gray, 2011). Voluntary organisations can help to reduce the hostility government officials may encounter when approaching families who feel disenfranchised by State agencies and the involvement of voluntary organisations may encourage greater engagement and cooperation among these families (e.g. Buchbinder & Shoob, 2013; Mubangizi & Gray, 2011). Conflict can also affect the capacity of State agencies to deliver services to families and children, resulting in a greater reliance on the voluntary sector to provide these services in the absence of the State (e.g. Mubangizi & Gray, 2011). The political, financial and social upheavals State agencies experience during conflict can contribute to the restructuring of service provision, such that voluntary organisations are commissioned to deliver services under State agency supervision (e.g. Freund, 2005). Moreover, a history of conflict can result in a greater emphasis being placed on the involvement of voluntary and community organisations in policy development, in comparison to other jurisdictions (e.g. Acheson, 2001). For instance, in Northern Ireland consulting and collaborating with the voluntary and community sector is important not only for providing cost-effective services that can engage hard to reach groups but also for maintaining peace and providing a means for disadvantaged communities to assume a greater degree of ownership and control over policies, planning and decision-making (e.g. Acheson, 2001). In Northern Ireland, voluntary and community organisations can represent the interests of their service users to decision-makers, actively helping to shape public policies and the planning of service provision (e.g. Acheson, 2001). Yet, as the funding and influence of voluntary organisations can also be linked to political objectives and connections, it is not always the case that the organisations that can provide the best service receive the most funding (e.g. Appleton, 2005; Shang et al., 2005).

The funding of voluntary organisations can be influenced by their political connections and how well the activities of these organisations align with the political objectives and values of political parties (e.g. Appleton, 2005; Rees et al., 2017; Shang et al., 2005). Voluntary and other non-profit organisations whose activities and focus is in agreement with the ideology of the ruling political party may receive more funding to provide services to families and children, even though other organisations may provide a better service (e.g. Appleton, 2005). Political connections and hidden agendas can continue to influence which organisations receive funding, despite efforts to introduce a more competitive tendering system (e.g. Bode, 2006; Rees et al. 2017). Political ideologies can also shape how State agencies frame social problems, which in turn affects what services are commissioned to help families and children with complex needs and how the performance of these service providers is assessed (e.g. Appleton, 2005; Gray, 2013; Holosko et al., 2009; Katz & Hetherington, 2006; Morrison, 2000; Rees et al., 2017; Shang et al., 2005). These political ideologies can have a significant impact on the lives of families and children with complex needs and their outcomes by determining the quantity and quality of the services they can access (e.g. Gray, 2013; Shang et al. 2005). Gray (2013) states that many jurisdictions have attempted to depoliticise the needs of those with complex needs by framing their needs in terms of individualistic characteristics rather than the wider socio-political policies being pursued by governments. As a consequence of this framing, Gray (2013) argues that there is an emphasis on commissioning services which tend to be focused on working with individuals and/or their families rather than addressing wider socio-political issues which can exacerbate these needs. Gray (2013) concludes that family outcomes will not improve until these wider socio-political issues are addressed. This depoliticisation of needs also allows governments to attribute poor outcomes to particular services, service providers and/or families/children rather than failings in government policies and/or actions (Gray, 2013).

Concerns have also been raised about the potential ability of voluntary organisations to advocate for families and children with complex needs given the dominant role State agencies play in funding the voluntary and non-profit sector (e.g. Abramovitz & Zelnick, 2015; Bode, 2006). The potential for voluntary and other non-profits to compromise their campaigning and advocacy roles during the pursuit of State funding can risk worsening the outcomes for families and children and distorting the

original goals of these organisations (e.g. Abramovitz & Zelnick, 2015; Bode, 2006; Neilson, 2009). While some argue that voluntary organisations can continue to offer a critical voice, despite being predominately funded by government departments (e.g. Appleton, 2005), others have found evidence of voluntary and other non-profit organisations changing their practices and beginning to behave in a similar manner as for-profit organisations by prioritising work with groups likely to be viewed favourably in future funding bids (e.g. Borzaga & Fazzi, 2014; Carson et al., 2012; Corcoran & Fox, 2013). Corcoran and Fox (2013) argue that the differences between State agencies, non-profit and for-profit organisations is becoming less pronounced as all organisations seek to adapt to neoliberal policies and commissioning processes which promote competition and impose similar requirements and constraints as part of the commissioning process, regardless of which sector organisations originate from. There is, therefore, a concern that the policies and practices governing the commissioning of services by government departments and State agencies may begin to undermine the distinctiveness of the voluntary sector and the services they provide (e.g. Abramovitz & Zelnick, 2015; Bode, 2006; Borzaga & Fazzi, 2014; Carson et al., 2012; Corcoran & Fox, 2013; Neilson, 2009).

In this review, there was little quantitative evidence for consistent differences in outcomes depending on whether the service provider was a State agency, non-profit or for-profit organisation (e.g. Carson et al., 2012; Larkins et al., 2013; Longo et al. 2015; Stanley et al., 2013). There appeared to be a number of reasons for this finding. Firstly, significant variation was evident among different State agencies, for-profit and non-profit organisations, stressing the importance of individual organisational culture and work practices in shaping family outcomes over and above whether the service is provided by State agency, voluntary organisation, other type of non-profit provider or for-profit organisation (e.g. McBeath, 2006; McBeath & Meezan, 2006; Stanley et al. 2013). Secondly, given the range of needs demonstrated by those with complex needs, interagency collaboration was key to improving family outcomes but the extent of interagency collaboration varied within and between State, for-profit and non-profit service providers (e.g. Anderson et al. 2002; Amirkhanyan et al. 2012; Chen & Graddy, 2010; Harris & Allen, 2011; Ryan et al. 2001). Thirdly, how the commissioning process was conducted influenced outcomes. For instance, the ability of State agencies to accurately identify the prevalence of needs, the amount and quality of available service providers to choose from, the implementation time allowed following the awarding of contracts, the duration of funding contracts, the payment formula used in contracts, the performance measures used and the extent to which service providers are properly monitored and held to account, played a bigger role in influencing outcomes than if the service provider was a State agency, for-profit or non-profit organisation (e.g. Abramovitz & Zelnick, 2015; Carson et al. 2012; Hatfield et al. 2007; Johnston & Romzek, 2008; McBeath, 2006; Munford & Sanders, 2001; Samples et al. 2013; Van Slyke, 2007). Fourthly, the interconnectedness between different service providers limits the extent to which outcomes can be attributed to any one service provider as families and children with complex needs work simultaneously with a range of different providers, making it difficult to disentangle and identity the individual effects of any one programme/service provider (e.g. Cohen, 2002; Colvin, 2017; Holosko et al., 2009; Munford & Sanders, 2001; Stanley et al. 2013).

These findings imply that each organisation should be judged on their own performance rather than relying on generalised claims about the merits of particular types of service providers. In addition, the findings stress that the most effective model of service delivery is one based on effective interagency collaboration and the appropriate use of governance mechanisms.

IMPROVING OUTCOMES THROUGH EFFECTIVE INTERAGENCY COLLABORATION

Outcomes for families and children were improved when effective interagency collaborations were developed between all service providers, including State agencies and the voluntary sector (e.g. Allen

et al., 2002; Amirkhanyan et al., 2012; Anderson et al., 2002; Anderson-Butcher & Ashton, 2004; Anderson-Butcher et al., 2002; Cameron & Freymond, 2015; Chen & Graddy, 2010; Chance et al., 2010; Chenven, 2010; Harris & Allen, 2011; Katz & Hetherington, 2006; Morrison, 2000; Purcal et al., 2011; Redmond et al. 2009). Effective interagency collaboration between all service providers involved in providing services to those with complex needs could improve family and child satisfaction with (and trust in) service providers, reduce recidivism, anti-social behaviour and substance misuse, as well as increase wellbeing, coping, clinical functioning and academic achievement (e.g. Amirkhanyan et al., 2012; Anderson et al., 2002; Cameron & Freymond, 2015; Harris & Allen, 2011; Purcal et al., 2011) Katz & Hetherington, 2006; Redmond et al., 2009). Effective interagency collaboration between all service providers could also lessen the stigma associated with accessing services, reduce time spent in residential care, decrease the costs associated with service provision, rebuild family relationships, increase the agency of service users and improve outcomes for caregivers (e.g. Allen et al., 2002; Anderson et al., 2002; Chance et al., 2010; Chenven, 2010; Purcal et al., 2011). Collaborative working between different service providers can also be successfully utilised to foster a broad cultural shift in working practices across agencies in response to challenging and complex needs (e.g. families experiencing child maltreatment and domestic violence) (e.g. Banks et al., 2008a, 2008b). In addition, effective interagency collaboration across all service providers improved communication, coordination and referrals between different service providers, reduced service duplication, enhanced capacity to resolve problems and encouraged a multidisciplinary, family centred, strengths based approach to addressing needs (e.g. Allen, et al., 2002; Anderson-Butcher & Ashton, 2004; Anderson-Butcher et al., 2002; Harris & Allen, 2011; Katz & Hetherington, 2006).

Factors that were linked to developing an effective interagency collaboration between different service providers, such as State agencies and the voluntary sector, included: the co-location of different service providers in the same office as well as the sharing of resources, funding, training and a common vision (e.g. Anderson et al., 2002; Cameron & Freymond, 2015; Chen & Graddy, 2010; Georgeson, 2009); the establishment of offices in local areas close to service users and encouraging service users to visit offices without appointments (e.g. Cameron & Fremond, 2015); involving service users in decision-making (Anderson et al., 2002; Chenven, 2010); using an inter-organisational coordination mechanism (e.g. committees) to make decisions and coordinate service delivery (e.g. Chen & Graddy, 2010; Friedman et al., 2007); and clear systems of management finance and accountability (e.g. Bachmann et al 2009). Positive relationships between interagency staff, staff, families and children, as well as a combined funding stream are also important for developing effective interagency collaborations (e.g. Anderson et al., 2002; Friedmand et al., 2007; Morrison, 2000; Ryan et al., 2001). A combined funding stream avoids service fragmentation and duplication across different funding streams (e.g. Anderson et al., 2002; Friedman et al., 2007; Morrison, 2000); Ryan et al., 2001). The creation of agreed protocols for sharing information and referring service users between different providers is also necessary (e.g. Anderson et al., 2002; Ryan et al. 2001). Furthermore, organisations must recognise that effective interagency collaboration takes time to develop and can result in significant increases in the workload of frontline staff (e.g. Martinussen et al., 2012). However, the benefits for staff can be considerable, particularly in terms of increased knowledge and understanding of other agencies roles and responsibilities (roles expansion) and the impact that this may have for improved services for children and families (e.g. Abbott et al., 2005). Accordingly, senior management should seek to develop a supportive culture for interagency collaboration, recognising the increased workload this may result in for staff and reflect on how their own organisational policies, practices and procedures may hinder interagency collaboration (e.g. Anderson et al., 2002; Martinussen et al., 2012; Ryan et al., 2001). Without the structural support, time and funding required to develop effective interagency collaboration, efforts to compel interagency co-operation may not be successful and will not result in improved outcomes for families and children (e.g. Bunger et al., 2014; Horwath & Morrison, 2007; Purcal et al., 2015; Zlotnik et al., 2015).

A number of common obstacles to effective interagency working across different service providers were identified from the research literature. These included: lack of trust, competitive relationships or unresolved tensions between service providers (e.g. Anderson-Butcher & Ashton, 2004; Bunger et al., 2014; Collins-Camargo et al., 2013; Harris & Allen, 2011; Holosko et al., 2009; Horwath & Morrison, 2007; Lester et al., 2008; Ryan et al., 2001; Widmark et al., 2016); lack of clarity over the roles of different providers and how they should work together, share information or refer clients (often referred to as 'role confusion' or 'role blurring') (e.g. Abbott et al., 2005; Abram & Linhorst, 2007; Coe et al., 2003; Collins-Camargo et al., 2013; Friedman et al., 2007; Horwath & Morrison, 2007; Ryan et al., 2001; Widmark et al., 2016; Zlotnik et al., 2015); not listening to service users or involving them in decision-making (e.g. Harris & Allen, 2011); inadequate resourcing (e.g. Anderson-Butcher & Ashton, 2004; Harris & Allen, 2011; Friedman et al., 2007); and structural impediments such as organisational policies, practices and procedures which hinder effective interagency collaboration (e.g. Anderson et al., 2002; Collins-Camargo et al., 2013; Friedman et al., 2007; Holosko et al., 2009; Horwath & Morrison, 2007). In particular, the policies, practices and procedures used to commission services were viewed as potentially hindering effective interagency collaboration.

Cohen (2002) states that the systems and processes designed to administer services have often been developed to meet bureaucratic needs rather than to promote the best outcomes for service users. Cohen (2002) argues that these systems and processes are frequently structured based on their function and the needs of managers rather than the experience of service users. This way of structuring service provision creates boundaries between different services and service providers, which service users are left to manage by themselves (Cohen, 2002). Austin and Prince (2003) argue that such a fragmented service may also contribute to increased redundancy and duplication of activity (e.g. multiple independent assessments of need), time consuming and bureaucratic inter-agency communication, and a loss of information when communication is not effective, leading to gaps in services and unmet needs. As a result, it is argued that those with complex needs are particularly likely to 'fall through the cracks' and experience poor outcomes as they are referred to multiple service providers to access services and are left to negotiate and coordinate their contacts with these different service providers by themselves (Cohen, 2002). However, expecting those with complex needs to negotiate and coordinate their contacts with these multiple providers by themselves is particularly problematic as the nature of their needs may hinder their ability to be able to successfully manage these contacts (Cohen, 2002).

Studies have found that outcomes for families and children with complex needs only improve if there is a case coordinator assigned to coordinate referrals and ensure a smooth transition between different service providers (e.g. Allison et al., 2007; Chuang & Lucio, 2011; Friedman et al., 2007; Steib & Blome, 2004). Without such a coordinator, the odds of children and families demonstrating any improvements in outcomes decrease (e.g. Altshuler, 2005; Chuang & Lucio, 2011; Steib & Blome, 2004). The commissioning process can aggravate this experience if a mechanism for coordinating and integrating the services provided by different service providers is not thought through and agreed as part of the commissioning process (e.g. Ensign & Metzenthin, 2017). A failure to think through how services will be integrated and coordinated can result in severe service disruptions and negatively impact on children and families (e.g. Ensign & Metzenthin, 2017). For instance, findings indicate that requiring service users to go to multiple service providers can leave families feeling overburdened and re-traumatised as they retell their stories to different service providers (e.g. Ensign & Metzenthin, 2017; Friendman et al., 2007; Johnston & Romzek, 2008). Difficulties with information sharing between service providers can also hinder families' access to services (e.g. Ensign & Metzenthin, 2017; Friendman et al., 2007; Johnston & Romzek, 2008). Furthermore, families and children with complex needs generally require more time to build trusting relationships with service providers and these trusting relationships are key to improving outcomes, as they encourage programme participation and engagement (e.g. Harris & Allen, 2011; Katz & Hetherington, 2006; Purcal et al., 2011). Yet, changes

to service providers due to contracts being won and lost can undermine the development of these trusting relationships, negatively impacting on service user outcomes, leaving families and children feeling demoralised and potentially re-traumatised (e.g. Ensign & Metzenthin, 2017; Johnston & Romzek, 2008). Consequently, there is a tension between the potential cost-savings that may be achieved by encouraging a range of service providers to compete over service provision and the impact this can have on family outcomes and their experience of accessing services (e.g. Johnston & Romzek, 2008).

Moreover, the short term nature of many of the contracts awarded, the payment formula used to estimate the costs of delivering these services, the implementation time allowed between the awarding of the contract and commencement of service provision and the lack of an overall case coordinator negatively impacted on the outcomes experienced by families and children (e.g. Abramovitz & Zelnick, 2015; Butcher & Freyens, 2011; Chuang & Lucio, 2011; Ensign & Metzenthin, 2017; Johnston & Romzek, 2008; Steib & Blome, 2004). The short-term duration of many of the contracts acted as a deterrent for referrals and interagency collaboration, as established agencies were hesitant to invest resources in cooperating with a new service which may not be in existence for long (e.g. Abramovitz & Zelnick, 2015; Corcoran & Fox, 2013; Johnston & Romzek, 2008; Ensign & Metzenthin, 2017). The payment formula used could also add to system instability as efforts to link payments to outcomes increased the probability of service providers going bankrupt or discontinuing service provision, as they were unable to absorb the operational costs involved in delivering these services until payment was received (e.g. Ensign & Metzenthin, 2017). There was also a tendency by government departments to underestimate the costs of providing services to families and children with complex needs, negatively affecting outcomes as service providers are expected to 'do more with less' and absorb the costs associated with this underestimation (e.g. Abramovitz & Zelnick, 2015; Ensign & Methzenthin, 2017; Johnston & Romzek, 2008). Frequently, there was also insufficient implementation time given between contract award and service commencement to establish the most effective service e.g. (Butcher & Freyens, 2011; Lee et al., 2012). Despite a focus on evidence based best practice, the short implementation time meant that service providers generally had insufficient time to organise programmes, hire staff, agree information sharing and referral protocols or develop effective interagency collaborations before commencing service provision (e.g. Butcher & Freyens, 2011; Lee et al., 2012). Accordingly, there are many structural issues in the commissioning process which can negatively affect service delivery and the outcomes families and children with complex needs experience.

OUTCOMES AND GOVERNANCE

Another issue that affected the outcomes experienced by families and children with complex needs was how service providers were governed. In particular, the performance measures used to evaluate service provision and the extent to which service providers were held to account for poor performance affected outcomes (e.g. Chuang et al., 2011; Carson et al., 2012; Collins & McCray, 2012; Grohs, 2014; Morrison, 2000; Samples et al., 2013; Smith, 2002; Van Slyke, 2007). Performance measures were found to be especially important for shaping staff practices and the experience of service delivery for families and children (e.g. Chuang et al., 2011). Trocmé and colleagues (2000) highlighted how the choice of performance measures used is not a neutral activity but reflects fundamental views about the objectives of service provision, which can vary across organisation, jurisdiction and time. Concerns that an organisation's failure to meet its performance measures may affect its future funding opportunities was found to distort practices so as to emphasise the successful achievement of these measures (e.g. Collins & McCray, 2012; Morrison, 2000; Samples et al., 2013; Trocmé et al., 2000). Barnes (2006) notes that the burgeoning demands for fiscal responsibility and measurable outcomes required of many voluntary sector organisations can fundamentally alter the way such organisations

operate, potentially creating a shifting away from complex and challenging cases (were the probability of success may be low) to more 'profitable' cases, as has been observed in the private sector.

In many cases, it was argued that the performance measures used could actually negatively affect outcomes for families and children as they detracted from early intervention and family preservation, did not promote a holistic approach to service provision, constrained staff practices, conflicted with other performance measures, did not take into consideration the longer timeframe required to deal with complex cases, did not acknowledge how the involvement of multiple service providers could restrict the ability to identity the effect of any one service/programme and did not pay enough attention to the need for a flexible approach to be adopted (e.g. Chuang et al., 2011; Collins & McCray, 2012; Morrison, 2000; Samples, et al., 2013; Smith, 2002). In some cases, it was argued that while contract specifications and performance measures could be used to promote the delivery of a standardised service, too much specification reduced the flexibility of service providers to meet the individualised needs of service users (e.g. Abramovitz & Zelnick, 2015; Munford & Sanders, 2001). In contrast, the lack of clear agreed upon performance measures, prior to service commencement, could also negatively affect children and families' outcomes as service providers were not clear on what they were being asked to do (e.g. Munford & Sanders, 2001). However, of particular concern was the possibility that the use of performance measures may result in reduced service provision for families and children with complex needs (e.g. Barnes, 2006; Bode, 2006; Coe et al., 2003; Samples et al., 2013).

Research has found that those with complex needs can be the most challenging to work with as they can take significantly longer to engage, their lives are not suited to participating in structured programmes (making programme recruitment difficult), they can take longer to change their behaviour and they are more likely to drop-out of programmes before completion (e.g. Anderson, 2004; Redmond et al., 2009; Tan, 2009). If the challenges involved in working with those with complex needs have not been taken into consideration when designing performance measures, this can negatively affect how a service provider's performance is judged and, consequently, may affect their willingness to continue to work with those with complex needs if it hinders their potential success in gaining future funding (e.g. Bode, 2006; Munford & Sanders, 2001; Samples et al., 2013). Indeed, research has found that organisations, including some in the voluntary sector, have changed how services are delivered and the groups they work with, in order to increase their ability to meet their performance measures and achieve future funding (e.g. Barnes, 2006; Collins & McCray, 2012; Corcoran & Fox, 2013). In some cases, those with complex needs were specifically excluded from accessing certain services or the criteria for accessing services was set so high that only a small number of families and children were eligible for these services (e.g. Coe et al., 2003; Gray, 2013). While there may be legitimate reasons for the exclusion of those with complex needs from particular services at specific times, it raises questions about how many of the available services are actually accessible to those with complex needs and if the requirements of those with complex needs may become secondary to the achievement of performance targets and outcomes, in a model of commissioning services that focuses exclusively on performance and outcomes without paying due attention to how the choice of performance measures and outcomes used can affect service delivery.

In addition, as mentioned previously, there is also a concern that family outcomes may not improve due to the failings by government departments to properly monitor service providers and take action to sanction poor performance (e.g. Carson et al., 2012; Grohs, 2014; Van Slyke, 2007). Research has found that the extent to which contracts are monitored and action taken to address poor performance depends on the availability of other service providers, the employment of sufficient staff to be able to monitor contracts, staff expertise in analysing performance data as well as the staff knowledge in how to take action to sanction poor performance (see Van Slyke, 2007). Limited alternative service providers and a lack of government staff with the necessary skillset to monitor performance and

impose sanctions can undermine the market logic behind a competitive tendering process and hinder the delivery of effective services in this area (e.g. Carson et al. 2012; Grohs, 2014; Van Skyle, 2007). Consequently, the outcomes experienced by families and children with complex needs can depend on the organisational resources governments allocate to monitoring service providers and assessing their performance, as well as the availability of alternative service providers to choose from. Service providers will not be motivated to improve their performance if they are not sanctioned for poor service delivery and/or continue to be awarded contracts due to the lack of alternative service providers.

HINDERANCE, SUBSTITUTION OR SUPPLEMENT

Key points

- The extent to which services provided by the voluntary sector to children and families with complex needs substituted or supplemented the work of statutory social work services varied depending on the wider political context and economic policies being pursued in different jurisdictions, the ability and willingness of voluntary organisations to assume sole responsibility for providing these services and the willingness of State officials to allow voluntary organisations to assume this responsibility.
- In jurisdictions that had experienced conflict, the voluntary sector could substitute statutory social work service provision, if such services were not provided by the State and/or service users were not willing to engage with statutory social work service providers. However, in the majority of cases, voluntary sector services supplemented rather than substituted these statutory services.
- No hindrances unique to using the voluntary sector as service providers to children and families with complex needs were identified. Instead, the hindrances identified were linked to the wider challenges involved in developing effective interagency collaboration in a commissioning process that encouraged multiple service providers to work towards different outcomes, across different funding streams.

The extent to which voluntary sector service provision to families and children with complex needs could substitute or supplement statutory social work service provision varied by jurisdictions and the capacity of the voluntary sector providers.

Different jurisdictions differed in the amount of statutory social work services they provided to children and families with complex needs and the extent to which they were willing to give responsibility for delivering social services to this group to the private sector (e.g. Appleton, 2005; Levine, 2009; Rees et al., 2017; Shang et al., 2005; Willumsen, 2008). For example, in the USA most, though not all (it varied from State to State) of the statutory social work services had been tendered out to private contractors, with voluntary and not-profit organisations being involved in delivering these services (e.g. Lamothe, 2015; McBeath & Meezan, 2006, 2008; Ryan et al., 2001; Watson, 2012). In this way, the voluntary sector was paid by the government to take over responsibility for delivering these services as the government sought to reduce the social work services provided by statutory agencies (e.g. McBeath & Meezan, 2006, 2008; Ryan et al., 2001; Watson, 2012). Nevertheless, statutory agencies tended to remain in charge of overseeing the work of private providers, including voluntary organisations (though practice again differed from State to State) (e.g. McBeath & Meezan, 2006, 2008; Ryan et al., 2001; Watson, 2012). This meant that ultimately government officials remained responsible for shaping service provision to families and children with complex needs through the structure of the commissioning process, contractual agreements and their funding of

these services, even if their role in delivering these services was reduced. In other countries, the extent to which statutory social work services were deemed eligible for tendering out to the private sector varied depending on the wider political and economic policies being pursued by the ruling political elite (e.g. Appleton, 2005; Rees et al., 2017; Shang et al., 2005).

In the UK, services to families and children with complex needs were increasingly being tendered out to statutory and private providers to submit competitive bids for delivering these services (e.g. Artaraz et al., 2007; Bachmann et al., 2006; Bachmann et al., 2009; Rees et al., 2017; Stanley et al., 2013). Nonetheless, there remained a reluctance to devolve all statutory social work services to private organisations and/or to give the responsibility for overseeing the budget for the delivery of all social work services to these organisations (see Stanley, et al., 2013). Likewise, private providers could also be somewhat hesitant to assume responsibility for the overall budget for the delivery of social work services or the management of very complex cases (see Morrison, 2000; Stanley et al., 2013). In many situations, this meant that services provided by the voluntary sector mostly acted to supplement existing statutory social work services rather than replace it. In addition, shortcomings within the governance of contracts awarded under this competitive tendering process (as discussed previously) meant that contracts could be rolled over, resulting in little change in the power dynamics and/or relationships between different service providers, maintaining the existing status quo (e.g. Carson et al., 2012; Grohs, 2014; Lamothe, 2015; Rees et al., 2017; Stanley et al., 2013; Van Slyke, 2007). Moreover, the size, capacity and skillset of voluntary organisations could limit the ability of these organisations to challenge statutory social work services (Lamothe, 2015; Rees et al., 2017; Stanley et al., 2013; Ware et al., 2001). As a result, the capacity of voluntary organisations, their willingness to assume responsibility for the delivery of social services from statutory organisations, the structure of the commissioning process and willingness of government officials and State agencies to allow voluntary organisations to assume this responsibility influenced the extent to which voluntary services could substitute or supplement statutory social work service provision.

The experience of conflict could also be influential. As previously mentioned, the experience of conflict could not only shape the ability of government officials and State agencies to delivery statutory social work services, it also influenced the extent to which those with complex needs may be willing to interact with statutory social work services (e.g. Acheson, 2001; Buchbinder & Shoob, 2013; Freund, 2005; Mubangizi & Gray, 2011). Depending on the specific nature of the conflict, voluntary sector service provision could either act to supplement statutory social work services or substitute these services. For instance, voluntary organisations could supplement existing statutory social work services by encouraging engagement with these services and facilitating the development of relationships between staff working in these services and families/children (e.g. Acheson, 2001; Freund, 2005). Alternatively, it can substitute these services if appropriate services are not being provided by the State, families and children cannot afford to access State services or if those with complex needs do not wish to engage with existing statutory social work services (e.g. Buchbinder & Shoob, 2013; Mubangizi & Gray, 2011).

With regards to the extent to which voluntary sector service provision could hinder statutory social work services, no hindrances unique to the voluntary sector were identified in the literature. Instead, the hindrances that were identified appeared to relate more to the challenges involved in developing effective interagency collaboration, which (as previously stated) become more pronounced in a commissioning process which encourages multiple service providers, working across different funding streams, in providing services to different people, with different eligibility criteria and working towards different outcomes. In particular, it seemed that confusion around the referral process, changes in programme/service eligibility criteria, the knock on consequences changes to eligibility criteria can have for other service providers, difficulties sharing information between different service providers, as well as a lack of clarity over the division of roles and responsibilities could be a particular

hindrance (e.g. Collins-Camargo et al., 2011; Corcoran & Fox, 2013; Gannon-Leary et al. 2006; Moran et al., 2007; Stanley et al., 2013; Willumsen, 2008; Zlotnik et al., 2015). However, please read the subsection entitled 'Improving outcomes through effective interagency collaboration' for a fuller discussion of these hindrances (see page 22).

GAPS IN KNOWLEDGE AND DATA COLLECTION

Key points

- Most research in this area is qualitative in nature, based on a small sample size, focused on the perspective and experiences of staff and lacks a multi-disciplinary perspective. As a result, more research is required with a particular focus on the experiences of children and families, using a larger sample size, incorporating a multi-disciplinary perspective, assessing outcomes and combining quantitative, qualitative and administrative data.
- Additional research is also required to understand children and families' experiences of negotiating a system of service provision that involves multiple service providers that may change, what performance measures are most likely to result in improved outcomes and how the wider political and economic context can influence the outcomes experienced and service provision.

The rapid reviews also revealed a number of gaps and weaknesses in our existing knowledge and data, which need to be addressed in order to develop an effective, efficient and economical model of service delivery.

These gaps and weaknesses include:

1. An over-reliance on research which is based on studies with a small sample size (including qualitative, quantitative, self-reflective and mixed method studies), limiting the generalisability of the research findings and the extent to which reliable conclusions can be drawn from these studies.
2. The dominance of staff, managers, administrators and commissioners as research participants. The majority of studies used frontline staff, service managers, contract administrators and service commissioners as their participants. While some studies did include families and children with complex needs, these studies were outnumbered by those focusing on the views and experiences of professionals. This meant that the voices of service users and their experiences were often being overshadowed in the research by the voices, views and experiences of professionals.
3. The infrequent use of administrative data and case files to assess how changes in service delivery and/or changes in provider could impact on the outcomes experienced by families and children, as well as cost and efficiency savings.
4. Limited research examining children and families' experiences of accessing services or traversing a system which involves multiple service providers. Very few studies examined whether the potential cost and efficiency savings involved in changing providers/services outweighed the potential disruption caused.
5. Insufficient research investigating what performance measures may help to improve the experiences and outcomes experienced by families and children. While research identified the potential risks associated with existing performance measures, few alternative suggestions were offered. More research is needed to investigate what performance measures are most

likely to result in improved services and outcomes for families and children with complex needs.

6. Inadequate attention to how the broader political context and economic policies (e.g. austerity, Brexit, welfare and social care reforms) can shape the commissioning process, the availability of services, the quality of existing service provision and the outcomes experienced by families and children with complex needs.
7. A lack of a multi-disciplinary perspective on the development of effective services for children and families with complex needs.

These gaps in our knowledge and data collection need to be addressed to order to develop a more efficient, effective and economical model of service delivery.

DISCUSSION

The findings presented in this report, therefore, provide an overview of the issues emerging in the current international literature exploring the benefits and risks of using the voluntary sector to provide services and supports to children and families with complex needs. While there are useful insights that can be gained from this international research that can be used to inform policy, practice and decision-making in Northern Ireland, caution is also required to avoid assuming that all of the points raised in this report will be directly applicable to the Northern Ireland context. As highlighted in the findings, the risks and benefits of using the voluntary sector to provide services to those with complex needs varies depending on the wider political context, economic policies being pursued, the design and implementation of the commissioning process used and the extent to which interagency collaboration is facilitated and/or hindered through the commissioning process. Moreover, as just under half of all the research papers reviewed in this report were conducted in the USA, the extent to which the findings emerging from the USA can be directly applied to a smaller jurisdiction like Northern Ireland, with a history of conflict and different economic and social policies, as well as different commissioning processes, compared to the USA needs to be carefully considered. In addition, some of the complex needs experienced by people in Northern Ireland may vary from other jurisdictions due to its unique political history. For instance, risk of paramilitary involvement and/or exposure to paramilitary related violence may be unique complex needs that children and families in Northern Ireland present with that differs from other jurisdictions and present unique opportunities and challenges for voluntary and statutory service providers in Northern Ireland. With these caveats in mind, how some of the insights emerging from these findings may prove useful for informing policy, practice and decision-making in Northern Ireland is discussed below.

1. **Current commissioning and governance requirements will play a significant role in influencing the future shape and function of voluntary sector family and child care services.**

As the availability of non-State sources of funding diminishing, the voluntary sector in Northern Ireland may become more reliant on government funding, unless voluntary organisations are in a position to supplement State funding with alternative sources of revenue. Accordingly, there is a need to think carefully about how the commissioning process and governance mechanisms used may unintentionally shape voluntary sector service provision, staff retention and their relationships and engagement with children and families with complex needs. If government funds are only made available to fund highly specific and prescribed services for those who present with complex needs

('categorical funding'), overall coordination and responsibility for ensuring that all complex needs are being addressed may become blurred, the flexibility and adaptability of the voluntary sector to respond to these needs may be weakened and their ability to undertake early intervention and preventative work may be reduced (if government does not also prioritise these services). The findings from the two rapid reviews demonstrate how the commissioning process and governance mechanisms used can fundamentally alter the size, shape and function of the voluntary sector, as it responds to the shifting demands of its key funding sources. While the evidence suggests that such changes can be both positive (improving governance, efficacy and effectiveness) and negative (reducing innovation, flexibility and independence), the overwhelming conclusion to be drawn is that over-reliance on State funding of the voluntary sector may allow the State to intentionally or unintentionally alter the practices and services of these voluntary sector service providers over time. The outsourcing of State services to the voluntary sector is not a neutral activity. Political ideologies can influence how social problems are framed, while political connections can influence what service providers are successful in receiving State funding. Likewise, policy rhetoric may overemphasise the role the voluntary sector can play in influencing decision-making and policies for political objectives, as government officials seek to enhance the legitimacy of their decisions and policymaking. These developments can change voluntary organisations in both the short and longer term, in relation to their core focus, the services they provide, the staff they recruit, the workforce development activities that are undertaken and how performance is monitored. Of course, this also depends on the extent to which voluntary organisations choose to go along with these developments and bid for State funding contracts. As a result, greater consideration needs to be given to the design, implementation and the long term consequences that may emerge from the commissioning process used in Northern Ireland. Moreover, the finding that other larger jurisdictions have not witnessed the development of more cost effective, efficient services and/or improved outcomes for families and children with complex needs after adopting a more competitive tendering process should give Northern Ireland pause for thought. Careful consideration needs to be given to whether Northern Ireland has the resources available to State agencies and the diversity of service providers necessary to overcome the challenges encountered in larger jurisdictions. Even if these obstacles can be overcome, the potential efficiency savings that may be made from adopting a more competitive tendering process must be considered against the disruption and negative impact such a model of delivering services can have on children and families with complex needs. As a result, such commissioning should be undertaken with the full acknowledgment of the potential positive and negative impact that it can have on both service providers and service users. Single service contracts cannot be seen in isolation, but must be considered within a broader commissioning strategy that includes consideration and consultation about the nature of the voluntary sector that it will shape and how it will alter the experience of accessing and using services by families and children with complex needs.

2. The complexities of service commissioning may significantly impact on the quality of the service delivered.

The design, planning and commissioning of family and child care services, particularly those targeted at families with complex and multiple needs, is a highly challenging processes. It requires in-depth intelligence on: the levels of need within local populations; the likely demand for any new service once provided (as well as an understanding of the complex relationship that exist between need and demand – see Percy, 2000); the efficacy of potential interventions to meet specified need; how referral pathways are operating to ensure needs are effective identified and service users quickly referred to appropriate service providers; and the cost of providing such services. Such information provides the foundation on which any service agreement/contract is constructed. It provides the base on which outcomes are defined, key performance targets are specified and organisations held accountable. Errors or miscalculations in any aspects of the commissioning process (for example, an overestimation

of service demand, unidentified weaknesses within referral pathways or insufficient funding to meet the complexities of needs presented) will have a significant impact on the nature and quality services provided. Given the impact that the commissioning process will have on future voluntary sector service provision and the experiences of service users (see point 1 above), it is important that the contractual arrangements are sufficiently flexible and adaptive to potential miscalculations or incorrect assumptions. In this way, changes that have occurred between the time when the potential needs of service users were identified and the service delivered, can be addressed if the contractual arrangements are sufficiently flexible to allow performance measures and targets to change to reflect the current prevalence of need at the time of service delivery. This would also allow performance measures to be amended if, during the course of service delivery, it became apparent that these performance measures were inappropriate or unsuited to measuring change. Accordingly, ensuring that the commissioning process involves an ongoing dialogue between those commissioning services, service providers and service users about what services are required, how these services should be delivered and how their success/performance should be measured may help to avoid some of the difficulties encountered in other jurisdictions, as well as ensuring a more flexible and responsive system.

3. Monitoring and oversight procedures should be fit for purpose.

The monitoring and evaluation of commissioned services is an essential component of any outsourced contractual arrangement. While monitoring and evaluation can be highly effective instruments for improving the quality of services delivered, they can also, depending on the methods employed, have a neutral or even negative effect on service provision. Issues can arise in a number of areas. Given the competitive nature of the tendering process and the limited information that may be available to tenderers (for example, the extent of local need or the effectiveness of planned referral pathways), initial estimates of service costs can be underestimated and client through-put over estimated. Errors made at an initial bidding stage can have significant repercussions for service delivery if funded projects are held accountable to those estimates. It is also possible that selected operational targets and project outcomes do not fully index service quality. For example, measures of service engagement may not capture the full range of ways a service may engage with clients (particularly those with complex and challenging needs), may fail to recognise those engagements that are most influential in achieve positive intervention outcomes, or give undue weight to activities that are less effective. As a result, monitoring demands may skew service delivery away from effective engagement towards meeting service targets. Similarly, inappropriate performance measures or targets may also adversely influence service quality. If performance measures and targets are not grounded in the project's logic model (theory of change) or if the logic model does not accurately reflect how the service actually impacts on families, subsequent performance measures may not capture successful intervention. In addition, as has been the experience in other jurisdictions, the potential benefits that can be gained from moving towards a competitive tendering process can be undermined if service providers are not properly monitored and held to account for poor performance, if government officials lack the skills necessary to monitor performance data and impose sanctions on service providers, if there is a lack of alternative service providers available to take over service provision from poorly performing service providers or if the commissioning process is constrained by political interference so as to ensure that preferred service providers do not win service contracts regardless of their performance. In this regard, Northern Ireland can learn from the experiences of other jurisdictions by ensuring that the monitoring and oversight procedures used in Northern Ireland avoid these common potential pitfalls.

4. **Interagency relationships, communication and trust lie at the heart of successful service development.**

The research findings underscore the importance of effective interagency collaboration for improving the outcomes of children and families with complex needs. Regardless of whether service providers are from the voluntary, statutory or for-profit sectors, effective interagency collaboration was key to the ability of service providers to improve outcomes for those with complex needs. A commissioning process which encourages direct competition between service providers may undermine effective interagency collaboration, especially during times of austerity and financial cut-backs as service providers may be concerned about ensuring their financial and job security, contributing to 'turfism' and a reluctance to refer service users to alternative service providers if their needs can be addressed within their organisation. While service contracts can include specific requirements for active and effective interagency collaboration and coordination to avoid breakdowns in relationships, a requirement to develop such effective interagency collaboration is unlikely to result in improvements if the time and resources to develop these collaborations is not built into the commissioning process. In particular, awarding contracts with little notice and expecting service providers to be able to develop, recruit staff and roll out service provision in a short time does not allow the service provider to develop these active collaborations or effective referral pathways. In such circumstances, service providers are reliant on their existing networks, contacts and relationships limiting their ability to develop new interagency relationships and develop trust with unfamiliar service providers or professionals. It also limits the extent to which commonly occurring communication barriers that hinder effective interagency working can be overcome before service delivery begins. The lack of trusting relationships developed with frontline staff in statutory bodies before services are rolled out may also explain their reluctant to transfer responsibility for managing cases to voluntary sector service providers. Northern Ireland can learn from these international experiences by ensuring that contracts are structured in ways that grant sufficient time for the development of collaborative working before services are rolled out and by ensuring that such activity is counted in performance measures and targets. In addition, when commissioning services, that factors known to encourage effective interagency collaboration can be built into the commissioning process so that case coordinators are funded as part of any system involving multiple service providers and service providers are encouraged to think about how they can co-locate their services, share training, improve information sharing protocols and develop effective interagency referral pathways. In this way, Northern Ireland could side step some of the significant problems encountered in other jurisdictions.

5. **Commissioned services should strive to harness the unique benefits provided by the voluntary sector and should not diminish them.**

Voluntary sector service provision does offer a number of distinct advantages over statutory provision. In particular, voluntary organisations appear better suited to work with "hard to reach" families, particularly those who may be reluctant to engage with statutory agencies. Voluntary agencies may also be better attuned to local variations in need for family and child care services. Local community contacts may permit voluntary sector organisations to provide services more tailored to the identified needs of local communities than regional statutory providers. For such benefits to be harnessed, service contract need to have a degree of flexibility to permit slight variations in services offered at the local level if local demand requires it (within the parameters of "what works"). This highlights the tension that exists between "top-down" and "bottom-up" approaches to needs based planning. While commissioning processes are largely shaped by population needs assessment data (if it exists), there needs to be opportunities to refine service development on the basis of front line experience, local

knowledge and understanding and established relationships with local communities. Without such flexibility within the commissioning process, there is the potential that contracting out services to the voluntary sector may actually diminish the unique benefits of the voluntary sectors by removing some of its key functions (such as establishing strong links with marginalised groups, maintaining a campaigning and advocacy role on behalf of local residents and adapting its services to meet the individualised needs of service users).

6. **Families with complex needs require coordinated service provision between the statutory and voluntary sectors.**

Families with complex needs are likely to access multiple services across a mix of voluntary and statutory agencies. As a result, local services need to coordinate at an individual case level to ensure integrated service delivery. Furthermore, any newly commissioned voluntary sector service needs to be integrated within existing service provision and within local coordination and management arrangements. This should ensure the smooth transition of cases between services and facilitate the development of effective interagency referral pathways as service providers are clear on their differing roles and responsibilities, the differing eligibility criteria used by local service providers, what services the new service provider is expected to provide, how this relates to existing service provision and fills a gap in the needs of local families and children. This level of service coordination will help to avoid families and children with complex needs 'falling through the cracks', minimise confusion and misunderstanding among local service providers that may hinder referrals and help to reduce client drop-out.

7. **There are fundamental weaknesses within the existing knowledge base regarding benefits and risks of using the voluntary sector as an alternative to statutory services.**

This review has also revealed that research in this area has a tendency to be small scale, reliant on data from service managers and staff, with infrequent use of alternative data sources (administrative data etc.), insufficient examination of the experience of service users, lacking in methodological or statistical control, and focused on interagency relationships to the neglect of family outcomes and the broader political context. This limits our ability to draw conclusions from this research and highlights the need for more rigorous research to be undertaken in this area.

CONCLUSION

The literature reviewed indicates that there are not consistent differences between the type of service provider used and the outcomes experienced by children and families with complex needs. In other words, voluntary sector service providers were no more likely to deliver more effective or less effective services than their statutory counterparts. Instead, the culture and practices of individual service providers, the design and implementation of the commissioning process used, the nature and extent to which governance mechanisms were employed and the degree to which effective interagency collaboration was actively encouraged and facilitated was more important than the type of service provider used. Similarly, while there were some particular benefits associated with using the voluntary sector to delivery social services (especially in providing services to 'hard to reach'

groups or areas affected by conflict), no specific risks or hindrances unique to the use of the voluntary sector were identified in this research.

There is, however, a range of evidence available indicating that, when services are commissioned by statutory agencies from the voluntary sector and governance processes are introduced, that these processes can have a number of consequences. Firstly, such arrangements have the potential to fundamentally alter the function of the voluntary sector and, consequently, how it may be viewed by service recipients as it responds to the demands of its key statutory funding sources. The concern here is that over-reliance on statutory sector funding by voluntary sector organisations might undermine the independence of those organisations, limit their service provision to what is required by their contracts and restrict their ability to be creative, flexible and advocacy for their service users. Secondly, there is also the possibility that commissioning and governance processes could impact on service quality if, for example, service demand is over-estimated, weaknesses within referral pathways are not identified, or insufficient funding is provided to meet the complexities of needs presented. The concern here is that contracts and monitoring arrangements may not be sufficiently flexible and adaptive to potential miscalculations in the commissioning process. Finally, the literature reviewed has highlighted the importance of effective interagency collaboration for improving outcomes for children and families with complex needs. Factors that enable the development of effective interagency collaboration should be encouraged in the commissioning and governance processes and resources should be provided to facilitate the development of these effective interagency collaborations. In particular, if children and families are expected to engage with multiple different service providers to have their needs met, case coordinators need to be employed to manage these contacts to avoid these children and families 'falling through the cracks' as the complexity of their needs may hinder their ability to negotiate and manage their contacts with multiple service providers on their own. The commissioning and governance processes should also seek to minimise common barriers and obstacles to the development of effective interagency collaborations that have been identified in the literature.

In terms of the ongoing evaluation of the Early Intervention Transformation Programme, it will be important to assess, from the perspective of key users and stakeholders, the degree to which the findings emerging from this literature review are relevant to the Northern Ireland context and are evident in workstreams 2 and 3 of the Early Intervention Transformation Programme. The next stage of the research will review the research undertaken on the services funded under workstream 2 and 3 to assess the extent to which the issues identified in this research are relevant to these services and/or identify how the particular economic, social and political history of Northern Ireland may be uniquely shaping the specific benefits and risks associated with using the voluntary sector to deliver social services to children and families with complex needs in Northern Ireland.

REFERENCES

Abbott, D., Townsley, R., & Watson, D. (2005). Multi-agency working in services for disabled children: What impact does it have on professionals? *Health and Social Care in the Community, 13*(2), 155-163.

Abram, F. Y., & Linhorst, D. (2008). A process evaluation of collaborative planning for children of prisoners. *Administration in Social Work, 32*(1), 39-54. doi:10.1300/J147v32n01_04

Abramovitz, M., & Zelnick, J. (2015). Privatization in the Human Services: Implications for Direct Practice. *Clinical Social Work Journal, 43*(3), 283-293. doi:10.1007/s10615-015-0546-1

Acheson, N. (2001). Service Delivery and Civic Engagement: Disability Organizations in Northern Ireland. *Voluntas: International Journal of Voluntary and Nonprofit Organizations, 12*(3), 279-293.

Alcock, P. (2012), New policy spaces: The impact of devolution on third sector policy in the UK. *Social Policy & Administration,* 46(2), 219-238.

Allen, N. E., Foster-Fishman, P. G., & Salem, D. A. (2002). Interagency teams: A vehicle for service delivery reform. *Journal of Community Psychology, 30*(5), 475-497. doi:10.1002/jcop.10020

Allison, S., Gilliland, D., Mayhew, K., & Wilson, R. (2007). Personal Reflections on the Development of an Integrated Service Delivery for Child and Adolescent Mental Health Services. *Child Care in Practice, 13*(1), 67-74. doi:http://dx.doi.org/10.1080/13575270601103564

Altshuler, S. J. (2005). Drug-endangered children need a collaborative community response. *Child Welfare, 84*(2), 171-190.

Amirkhanyan, A. A., Kim, H. J., & Lambright, K. T. (2012). Closer than "arms length": Understanding the factors associated with collaborative contracting. *American Review of Public Administration, 42*(3), 341-366. doi:10.1177/0275074011402319

Anderson, S. G. (2004). Developing Contracted Social Service Initiatives in Small Nonprofit Agencies: Understanding Management Dilemmas in Uncertain Environments. *Families in Society, 85*(4), 454-462.

Anderson, J. A., McIntyre, J. S., Rotto, K. I., & Robertson, D. C. (2002). Developing and maintaining collaboration in systems of care for children and youths with emotional and behavioral disabilities and their families. *American Journal of Orthopsychiatry, 72*(4), 514-525.

Anderson-Butcher, D., & Ashton, D. (2004). Innovative Models of Collaboration to Serve Children, Youths, Families, and Communities. *Children & Schools, 26*(1), 39-53.

Anderson-Butcher, D., Lawson, H. A., & Barkdull, C. (2002). An evaluation of child welfare design teams in four states. *Journal of Health & Social Policy, 15*(3-4), 131-161.

Appleton, L. (2005). The Role of Nonprofit Organizations in the Delivery of Family Services in 11 EU Member and Applicant States. *International Social Work, 48*(3), 251-262. doi:http://dx.doi.org/10.1177/0020872805051703

Artaraz, K., Thurston, M. & Davies, S. (2007). Understanding family support provision within the local context of prevention: A critical analysis of a local voluntary sector project. *Child & Family Social Work,* 12(4), 306-315.

Austin, M. J., & Prince, J. (2003). The implications of managed care and welfare reform for the integration of health and welfare services. *Journal of Health and Social Policy, 18*(2), 1-19.

Bachmann, M. O., Reading, R., Husbands, C., O'Brien, M., Thoburn, J., Shemilt, I., Watson, J., Jones, N., Haynes, R., Mugford, M., Brandon, M., Harvey, I., Lorgelly, P., Lu, Y., Norris, N., Shreeve, A., Sinclair, R. Sykes, I. & Walker, R. (2006). What are children's trusts? Early findings from a national survey. *Child: Care, Health and Development, 32*(2), 137-146.

Bachmann, M. O., O'Brien, M., Husbands, C., Shreeve, A., Jones, N., Watson, J., Reading, R., Thoburn, J., Mugford, M., Brandon, M., Franklin, A., Harvey, I., Haynes, R., Lanyon, C., Lorgelly, P. Lu, Y., Norris, N., Sinclair, R., Sykes, I & Walker, R. (2009). Integrating children's services in England: National evaluation of children's trusts. *Child: Care, Health and Development, 35*(2), 257-265.

Banks, D., Dutch, N. & Wang, K. (2008), Collaborative efforts to improve system responses to families who are experiencing child maltreatment and domestic violence. *Journal of Interpersonal Violence,* 23(7), 876-902.

Banks, D., Landsverk, J. & Wang, K. (2008), Changing policy and practice in the child welfare system through collaborative efforts to identify and respond effectively to family violence. *Journal of Interpersonal Violence,* 23(7), 903-932.

Barnes, J. (2006), From charity to 'not for profit': changes in the role and structure of voluntary social service agencies. In P. Henman & M. Fenger (eds.) *Administering Welfare Reform: International Transformations in Welfare Governance.* Bristol: Policy Press (pp93-114).

Bell, M. (2006). Review of Developing Collaborative Relationships in Interagency Child Protection Work (2nd edition). *Child & Family Social Work, 11*(2), 185-186.

Bell, M. (2007). Community-based parenting programmes: an exploration of the interplay between environmental and organizational factors in a Webster Stratton project. *British Journal of Social Work, 37*(1), 55-72.

Boardman, A. E., & Vining, A. R. (2012). The political economy of public-private partnerships and analysis of their social value. *Annales de l'économie publique, sociale et coopérative, 83*(2), 117-141. doi:http://dx.doi.org/10.1111/j.1467-8292.2012.00457.x

Bode, I. (2006). Disorganized Welfare Mixes: Voluntary Agencies and New Governance Regimes in Western Europe. *Journal of European Social Policy, 16*(4), 346-359. doi:http://dx.doi.org/10.1177/0958928706068273

Boon, B., Greatbanks, R., Munro, J., & Gaffney, M. (2017). Service delivery under translation: multi-stakeholder accountability in the non-profit community sector in New Zealand. *Health & Social Care in the Community, 25*(2), 402-413. doi:http://dx.doi.org/10.1111/hsc.12319

Borzaga, C., & Fazzi, L. (2014). Civil society, third sector, and healthcare: The case of social cooperatives in italy. *Social Science & Medicine, 123*, 234-241.

Buchbinder, E., & Shoob, T. (2013). Essential Partnership: Child Welfare Officers' Perceptions of Cooperation With Rabbis in the Ultra-Orthodox Jewish Community in Israel. *Journal of Social Service Research, 39*(2), 204-217. doi:10.1080/01488376.2012.745825

Bunger, A. C., Collins-Camargo, C., McBeath, B., Chuang, E., Perez-Jolles, M., & Wells, R. (2014). Collaboration, competition, and co-opetition: Interorganizational dynamics between private child

welfare agencies and child serving sectors. *Children and Youth Services Review, 38*, 113-122. doi:10.1016/j.childyouth.2014.01.017

Butcher, J., & Freyens, B. P. (2011). Competition and Collaboration in the Contracting of Family Relationship Centres. *Australian journal of public administration, 70*(1), 15-33. doi:10.1111/j.1467-8500.2010.00708.x

Cameron, G., & Freymond, N. (2015). Accessible service delivery of child welfare services and differential response models. *Child Abuse & Neglect, 39*, 32-40. doi:10.1016/j.chiabu.2014.08.002

Carson, E., Chung, D., & Day, A. (2012). Distant relations: limits to relational contracting in domestic violence programmes. *International Journal of Public Sector Management, 25*(2), 103-117. doi:10.1108/09513551211223767

Chaidez-Gutierrez, F., & Fischer, R. L. (2013). Reflecting on Grantee Evaluation Accountability to Funders: Exploring Power Dynamics with Grassroots Organizations in Communities of Color. *Journal of Community Practice, 21*(4), 304-326. doi:http://dx.doi.org/10.1080/10705422.2013.846286

Chance, S., Dickson, D., Bennett, P. M., & Stone, S. (2010). Unlocking the Doors: How Fundamental Changes in Residential Care Can Improve the Ways We Help Children and Families. *Residential Treatment for Children & Youth, 27*(2), 127-148. doi:10.1080/08865711003738522

Chen, B., & Graddy, E. A. (2010). The Effectiveness of Nonprofit Lead-Organization Networks for Social Service Delivery. *Nonprofit Management & Leadership, 20*(4), 405-422. doi:10.1002/nml.20002

Chenven, M. (2010). Community Systems of Care for Children's Mental Health. *Child and Adolescent Psychiatric Clinics of North America, 19*(1), 163-+. doi:10.1016/j.chc.2009.08.006

Chuang, E. & Lucio, R. (2011), Interagency collaboration between child welfare agencies, schools, and mental health providers and children's mental health service receipt. *Advances in School Mental Health Promotion,* 4(2), 4-15.

Chuang, E., Wells, R., Green, S., & Reiter, K. (2011). Performance-Based Contracting and the Moderating Influence of Caseworker Role Overload on Service Provision in Child Welfare. *Administration in Social Work, 35*(5), 453-474. doi:10.1080/03643107.2011.614195

Coe, C., Spencer, N., Barlow, J., Vostanis, P., & Laine, L. (2003). Services for pre-school children with behaviour problems in a Midlands city. *Child Care Health and Development, 29*(6), 417-424. doi:10.1046/j.1365-2214.2003.00360.x

Cohen, B. J. (2002). Alternative Organizing Principles for the Design of Service Delivery Systems. *Administration in Social Work, 26*(2), 17-38.

Collins, W. L. (2006). The Black Church as a Practice Resource: Networking on Behalf of At-Risk African American Youth. *Social Work & Christianity, 33*(2), 178-194.

Collins, J., Edwards, M., Light, A., Makievsky, P., Miller, N., Snell, L., & Collins-Camargo, C. (2012). The Future of Public–Private Partnership in Child Welfare: A Multidimensional Exploration of the Perspectives of the Public and Private Sectors, the Judiciary, Frontline Staff, and the Community. *Journal of Public Child Welfare, 6*(1), 108-128. doi:10.1080/15548732.2012.644223

Collins, F., & McCray, J. (2012). Partnership working in services for children: Use of the common assessment framework. *Journal of Interprofessional Care, 26*(2), 134-140. doi:10.3109/13561820.2011.630111

Collins-Camargo, C., Armstrong, M. I., McBeath, B., & Chuang, E. (2013). Promoting cross-sector partnerships in child welfare: qualitative results from a five-state strategic planning process. *Child Welfare, 92*(1), 33-63.

Collins-Camargo, C., McBeath, B., & Ensign, K. (2011). Privatization and Performance-Based Contracting in Child Welfare: Recent Trends and Implications for Social Service Administrators. *Administration in Social Work, 35*(5), 494-516. doi:10.1080/03643107.2011.614531

Colvin, M. L. (2017). Mapping the inter-organizational landscape of child maltreatment prevention and service delivery: A network analysis. *Children and Youth Services Review, 73*, 352-359. doi:10.1016/j.childyouth.2017.01.003

Corcoran, M., & Fox, C. (2013). A seamless partnership? Developing mixed economy interventions in a non-custodial project for women. *Criminology & Criminal Justice: An International Journal, 13*(3), 336-353.

Cottrell, D., Lucey, D., Porter, I., & Walker, D. (2000). Joint working between child and adolescent mental health services and the department of social services: The Leeds model. *Clinical Child Psychology and Psychiatry, 5*(4), 481-489.

Craig, G., Hill, M., Manthorpe, J., Tisdall, K., Monaghan, B., & Wheelaghan, S. (2000). Picking Up the Pieces: Local Government Reorganisation and Voluntary Sector Children's Services. *Children & Society, 14*(2), 85-97.

Cunningham, I. (2013), Voluntary organisations and marketisation: A dynamic of employment degradation. *Industrial Relations Journal*, 44(2), 171-188.

Cunningham, I. (2010). Drawing from a bottomless well? Exploring the resilience of value-based psychological contracts in voluntary organizations. *International journal of human resource management, 21*(5), 699-719. doi:http://dx.doi.org/10.1080/09585191003658862

Cunningham, I. (2008). A race to the bottom? Exploring variations in employment conditions in the voluntary sector. *Public Administration, 86*(4), 1033-1054. doi:http://dx.doi.org/10.1111/j.1467-9299.2008.00752.x

Cunningham, I., Hearne, G., & James, P. (2013). Voluntary organisations and marketisation: a dynamic of employment degradation. *Industrial Relations Journal, 44*(2), 171-188. doi:http://dx.doi.org/10.1111/irj.12008

Cunningham, I., James, P., Taylor, R., & Taylor, R. (2013). Voluntary organizations and public service delivery. *Voluntary sector review, 4*(1), 139-141.

Dickinson, H., Allen, K., Alcock, P., Macmillan, R. & Glasby, J. (2012) *The role of the third sector in delivering social care: Scoping review.* London: NIHR School for Social Care Research.

Dillenburger, K., Fargas, M., & Akhonzada, R. (2008). Evidence-based practice: An exploration of the effectiveness of voluntary sector services for victims of community violence. *British Journal of Social Work, 38*(8), 1630-1647.

Drabble, L. (2007). Pathways to collaboration: Exploring values and collaborative practice between child welfare and substance abuse treatment fields. *Child Maltreatment, 12*(1), 31-42.

Edgley, A., & Avis, M. (2007). The perceptions of statutory service providers of a local Sure Start programme: A shared agenda? *Health and Social Care in the Community, 15*(4), 379-386.

Ensign, K., & Metzenthin, J. (2007). Achieving Desired Outcomes by Privatizing Child Welfare Service Delivery: Lessons Learned through the Kansas Experience. *Professional Development: The International Journal of Continuing Social Work Education, 10*(2), 7-15.

Farrell, B., Elliott, I., & Ison, E. (2004). Partnership with parents and disabled children. HIA of the All-Inclusive Wraparound Project for children with a disability. *Environmental Impact Assessment Review, 24*(2), 245-254. doi:10.1016/j.eiar.2003.10.014

Fernandez, G. A., Huang, H. H., Ng, L. C. K., & Hendriks, M. M. (2015). Identified key concerns of clients in a community collaboration initiative. *Annals of the Academy of Medicine Singapore, (1)*, S59.

Fink, J., Jong, A. d., & Langan, M. (2011). New challenges or different opportunities? Voluntary adoption agencies and the shifting terrain of childcare services. *Voluntary sector review, 2*(2), 177-192. doi:http://dx.doi.org/10.1332/204080511X583841

Flaherty, C., Collins-Camargo, C., & Lee, E. (2008). Privatization of child welfare services: Lessons learned from experienced states regarding site readiness assessment and planning. *Children and Youth Services Review, 30*(7), 809-820. doi:10.1016/j.childyouth.2007.12.009

Foster, M. K., & Meinhard, A. G. (2005). Diversifying revenue sources in Canada: are women's voluntary organizations different? *Nonprofit management and leadership, 16*(1), 43-60.

Freund, A. (2005). Work Attitudes of Social Workers across Three Sectors of Welfare Organizations: Public, For-Profit, and Third Sector. *Journal of Social Service Research, 31*(3), 69-92. doi:http://dx.doi.org/10.1300/J079v31n03_04

Friedman, S. R., Reynolds, J., Quan, M. A., Call, S., Crusto, C. A., & Kaufman, J. S. (2007). Measuring changes in interagency collaboration: An examination of the Bridgeport safe start initiative. *Evaluation and Program Planning, 30*(3), 294-306. doi:10.1016/j.evalprogplan.2007.04.001

Fyfe, N. R., & Milligan, C. (2003). Space, citizenship, and voluntarism: critical reflections on the voluntary welfare sector in Glasgow. *Environment and Planning A, 35*(11), 2069-2086.

Gannon-Leary, P., Baines, S., & Wilson, R. (2006). Collaboration and partnership: A review and reflections on a national project to join up local services in England. *Journal of Interprofessional Care, 20*(6), 665-674.

Georgeson, B. (2009). The Matrix Model of dual diagnosis service delivery. *Journal of Psychiatric and Mental Health Nursing, 16*(3), 305-310. doi:10.1111/j.1365-2850.2008.01346.x

Gibbs, A. (2001). Partnerships between the Probation Service and Voluntary Sector Organizations. *The British Journal of Social Work, 31*(1), 15-27.

Gibson, K., O'Donnell, S., & Rideout, V. (2007). The project funding regime: complications for community organizations and their staff. *Canadian public administration, 50*(3), 411-435.

Gray, P. (2013). Assemblages of penal governance, social justice and youth justice partnerships. *Theoretical Criminology, 17*(4), 517-534.

Grohs, S. (2014). Hybrid organizations in social service delivery in quasimarkets: The case of Germany. *American Behavioral Scientist, 58*(11), 1425-1445.

Harris, A., & Allen, T. (2011). Young people's views of multi-agency working. *British Educational Research Journal, 37*(3), 405-419. doi:10.1080/01411921003692876

Haslag, L., Matt, R. L., & Neal, M. (2012). Missouri's Developing Public–Private Partnership for Child Welfare: Using Performance-Based Contracting to Achieve System-Wide Results. *Journal of Public Child Welfare, 6*(1), 67-82. doi:10.1080/15548732.2012.644213

Hatfield, B., Ryan, T., Simpson, V., & Sharma, I. (2007). Independent sector mental health care: a 1-day census of private and voluntary sector placements in seven Strategic Health Authority areas in England. *Health & Social Care in the Community, 15*(5), 407-416. doi:http://dx.doi.org/10.1111/j.1365-2524.2007.00698.x

Henriksen, L. S., Smith, S. R., & Zimmer, A. (2015). Welfare Mix and Hybridity. Flexible Adjustments to Changed Environments. Introduction to the Special Issue. *Voluntas, 26*(5), 1591-1600. doi:10.1007/s11266-015-9622-y

Herzog-Evans, M. (2014). French third sector participation in probation and reentry: Complementary or competitive? *European Journal of Probation, 6*(1), 42-56. doi:10.1177/2066220314523228

Hogg, E., & Baines, S. (2011). Changing Responsibilities and Roles of the Voluntary and Community Sector in the Welfare Mix: A Review. *Social Policy and Society, 10*(3), 341-352. doi:http://dx.doi.org/10.1017/S147474641100008X

Holosko, M. J., Holosko, D. A., & Spencer, K. (2009). Social Services in Sweden: An Overview of Policy Issues, Devolution, and Collaboration. *Social Work in Public Health, 24*(3), 210-234. doi:10.1080/19371910802595299

Horwath, J., & Morrison, T. (2007). Collaboration, integration and change in children's services: Critical issues and key ingredients. *Child Abuse & Neglect, 31*(1), 55-69. doi:10.1016/j.chiabu.2006.01.007

Jayaratne, S., & Faller, K. C. (2009). Commitment of Private and Public Agency Workers to Child Welfare: How Long Do They Plan to Stay? *Journal of Social Service Research, 35*(3), 251-261. doi:10.1080/01488370902900972

Jennings, M. (2013). Common counsel, common policy: healthcare, missions and the rise of the 'voluntary sector' in colonial Tanzania. *Development and change, 44*(4), 939-963. doi:http://dx.doi.org/10.1111/dech.12044

Johnston, J. M., & Romzek, B. S. (2008). Social welfare contracts as networks: The impact of network stability on management and performance. *Administration & Society, 40*(2), 115-146.

Kaehne, A. (2013). Partnerships in Local Government: The case of transition support services for young people with learning disabilities. *Public Management Review, 15*(5), 611-632. doi:10.1080/14719037.2012.698855

Katz, I., & Hetherington, R. (2006). Co-operating and communicating: a European perspective on integrating services for children. *Child Abuse Review, 15*(6), 429-439.

Kearney, K. A., McEwen, E., Bloom-Ellis, B., & Jordan, N. (2010). Performance-Based Contracting in Residential Care and Treatment: Driving Policy and Practice Change Through Public-Private Partnership in Illinois. *Child Welfare, 89*(2), 39-55.

Khangura, S., Konnyu, K., Cushman, R., Grimshaw, J. & Moher, D. (2012), Evidence summaries: The evolution of a rapid review approach. *Systematic Reviews*, 1(10), 1-9

Kim, S. (2013). Voluntary Organizations as New Street-level Bureaucrats: Frontline Struggles of Community Organizations against Bureaucratization in a South Korean Welfare-to-Work Partnership. *Social Policy and Administration, 47*(5), 565-585. doi:http://dx.doi.org/10.1111/j.1467-9515.2012.00856.x

King, G., & Meyer, K. (2006). Service integration and co-ordination: a framework of approaches for the delivery of co-ordinated care to children with disabilities and their families. *Child Care Health and Development, 32*(4), 477-492. doi:10.1111/j.1365-2214.2006.00610.x

Lamothe, S. (2015). How Competitive Is "Competitive" Procurement in the Social Services? *American Review of Public Administration, 45*(5), 584-606. doi:10.1177/0275074013520563

Lamothe, M., & Lamothe, S. (2009). Beyond the Search for Competition in Social Service Contracting Procurement, Consolidation, and Accountability. *American Review of Public Administration, 39*(2), 164-188. doi:10.1177/0275074008316557

Larkins, C., Ridley, J., Farrelly, N., Austerberry, H., Bilson, A., Hussein, S., Manthorpe, J. & Stanley, N. (2013), Children's, young people's and parents' perspectives on contact: Findings from the evaluation of social work practices. *The British Journal of Social Work,* 45(1), 296-312.

Lee, M. Y., Teater, B., Greene, G. J., Solovey, A. D., Grove, D., Fraser, J. S., Washburn, P. & Hsu, K. S. (2012). Key processes, ingredients and components of successful systems collaboration: working with severely emotionally or behaviorally disturbed children and their families. *Administration and policy in mental health, 39*(5), 394-405.

Lester, H., Birchwood, M., Tait, L., Shah, S., England, E., & Smith, J. (2008). Barriers and facilitators to partnership working between Early Intervention Services and the voluntary and community sector. *Health & Social Care in the Community, 16*(5), 493-500. doi:http://dx.doi.org/10.1111/j.1365-2524.2008.00760.x

Levine, H. B. (2009). Tackling the Effects of Neoliberalism? Integrating Services at Barnardo's New Zealand. *Social Policy Journal of New Zealand*(36), 172-182.

Longo, F., Notarnicola, E., & Tasselli, S. (2015). A framework to assess welfare mix and service provision models in health care and social welfare: case studies of two prominent Italian regions. *BMC Health Services Research, 15*. doi:10.1186/s12913-015-0800-9

Martinussen, M., Adolfsen, F., Lauritzen, C., & Richardsen, A. M. (2012). Improving interprofessional collaboration in a community setting: relationships with burnout, engagement and service quality. *Journal of Interprofessional Care, 26*(3), 219-225.

McBeath, B. (2006) *Shifting principles in a sacred market: Nonprofit service provision to foster children and families in a performance -based, managed care contracting environment*. Michigan: University of Michigan.

McBeath, B., Collins-Camargo, C. & Chuang, E. (2012), The role of the private sector in child welfare: Historical reflections and a contemporary snapshot based on the national survey of private child and family serving agencies. *Journal of Public Child Welfare,* 6(4), 459-481.

McBeath, B., & Meezan, W. (2008). Market-based disparities in foster care service provision. *Research on Social Work Practice, 18*(1), 27-41. doi:10.1177/1049731507304389

McBeath, B., & Meezan, W. (2006). Nonprofit Adaptation to Performance-Based, Managed Care Contracting in Michigan's Foster Care System. *Administration in Social Work, 30*(2), 39-70. doi:http://dx.doi.org/10.1300/J147v30n02_05

Meagher, G., & Healy, K. (2003). Caring, Controlling, Contracting and Counting: Governments and Non-Profits in Community Services. *Australian Journal of Public Administration, 62*(3), 40-51.

Milbourne, L. (2009). Remodelling the Third Sector: Advancing Collaboration or Competition in Community-Based Initiatives? *Journal of Social Policy, 38*, 277-297. doi:10.1017/s0047279408002845

Milbourne, L. (2009). Valuing difference or securing compliance? Working to involve young people in community settings. *Children & Society, 23*(5), 347-363.

Milbourne, L., & Cushman, M. (2015). Complying, Transforming or Resisting in the New Austerity? Realigning Social Welfare and Independent Action among English Voluntary Organisations. *Journal of Social Policy, 44*(3), 463-485. doi:http://dx.doi.org/10.1017/S0047279414000853

Moran, P., Jacobs, C., Bunn, A., & Bifulco, A. (2007). Multi-agency working: implications for an early-intervention social work team. *Child & Family Social Work, 12*(2), 143-151. doi:10.1111/j.1365-2206.2006.00452.x

Morrison, T. (2000). Working together to safeguard children: Challenges and changes for inter-agency co-ordination in child protection. *Journal of Interprofessional Care, 14*(4), 363-373.

Mubangizi, B. C., & Gray, M. (2011). Putting the 'public' into public service delivery for social welfare in South Africa. *International Journal of Social Welfare, 20*(2), 212-219. doi:10.1111/j.1468-2397.2010.00760.x

Mulroy, E. A. (2000). Starting small: strategy and the evolution of structure in a community-based collaboration. *Journal of Community Practice, 8*(4), 27-43.

Munford, R., & Sanders, J. (2001). The Buck Stops Where? Contracting, Service Delivery and the Challenge to Provide Responsive Services. *Social Work in Health Care, 34*(1-2), 43-57.

Neilson, A. (2009). A Crisis of Identity: Nacro's Bid to Run a Prison and What it Means for the Voluntary Sector. *Howard Journal of Criminal Justice, 48*(4), 401-410. doi:http://dx.doi.org/10.1111/j.1468-2311.2009.00577.x

NCCMT (2010) *Methods: Synthesis 1. Rapid reviews: Methods and implications*. Hamilton: National Collaborating Centre for Methods and Tools.

Owen, F., Li, J. Y., Whittingham, L., Hope, J., Bishop, C., Readhead, A., & Mook, L. (2015). Social Return on Investment of an Innovative Employment Option for Persons with Developmental Disabilities Common Ground Co-operative. *Nonprofit Management & Leadership, 26*(2), 209-228. doi:10.1002/nml.21187

Osbourne, S. (2002). *The voluntary and not-for-profit sector in Japan*: Routledge.

Papin, T., & Houck, T. (2005). All It Takes Is Leadership. *Child Welfare, 84*(2), 299-310.

Parrish, D. E., Harris, D., & Pritzker, S. (2013). Assessment of a Service Provider Self-Study Method to Promote Interorganizational and Community Collaboration. *Social Work, 58*(4), 354-364.

Purcal, C., Muir, K., Patulny, R., Thomson, C., & Flaxman, S. (2011). Does partnership funding improve coordination and collaboration among early childhood services? - Experiences from the Communities for Children programme. *Child & Family Social Work, 16*(4), 474-484. doi:10.1111/j.1365-2206.2011.00766.x

Rankin, J. & Regan, S. (2004), Meeting complex needs in social care. *Housing, Care and Support*, 7(3), .4-8, doi.org/10.1108/14608790200400016

Redmond, C., Spoth, R. L., Shin, C., Schainker, L. M., Greenberg, M. T., & Feinberg, M. (2009). Long-term protective factor outcomes of evidence-based interventions implemented by community teams through a community-university partnership.[Erratum appears in J Prim Prev. 2014 Aug;35(4):295]. *Journal of Primary Prevention, 30*(5), 513-530.

Rees, J., Miller, D. & Bovaird, T. (2012) *Third sector partnership for public service delivery: an evidence review.* Birmingham: Third Sector Research Centre.

Rees, J., Miller, R., & Buckingham, H. (2017). Commission incomplete: exploring the new model for purchasing public services from the third sector. *Journal of Social Policy, 46*, 175-194. doi:http://dx.doi.org/10.1017/S0047279416000362

Ryan, D. P., Puri, M., & Liu, B. A. (2013). Comparing Patient and Provider Perceptions of Home- and Community-Based Services: Social Network Analysis as a Service Integration Metric. *Home Health Care Services Quarterly, 32*(2), 92-105. doi:http://dx.doi.org/10.1080/01621424.2013.779352

Ryan, S. D., Tracy, E. M., Rebeck, A. C., Biegel, D. E., & Johnsen, J. A. (2001). Critical themes of intersystem collaboration: moving from a 'can we' to a 'how can we' approach to service delivery with children and families. *Journal of Family Social Work, 6*(4), 39-60.

Samples, M., Carnochan, S., & Austin, M. J. (2013). Using Performance Measures to Manage Child Welfare Outcomes: Local Strategies and Decision Making. *Journal of Evidence-Based Social Work, 10*(3), 254-264.

Shang, X. Y., Wu, X. M., & Wu, Y. (2005). Welfare provision for vulnerable children: The missing role of the state. *China Quarterly, 181*, 122-136. doi:10.1017/s030574100500007x

Smith, S. E. (2002). Silver bullets and quick fixes: how welfare reform will again fail families. *Social Policy Journal, 1*(2), 5-17.

Stanley, N., Austerberry, H., Bilson, A., Farrelly, N., Hussein, S., Larkins, C., Manthorpe, J. & Ridley, J. (2013). Turning away from the public sector in children's out-of-home care: An English experiment. *Children and Youth Services Review, 35*(1), 33-39. doi:10.1016/j.childyouth.2012.10.010

Steib, S. D., & Blome, W. W. (2004). Fatal Error: The Missing Ingredient in Child Welfare Reform: Part 2. *Child Welfare: Journal of Policy, Practice, and Program, 83*(1), 101-104.

Tan, B.-L. (2009). Hybrid transitional-supported employment using social enterprise: A retrospective study. *Psychiatric Rehabilitation Journal, 33*(1), 53-55.

Trocmé, N., MacLaurin, B., & Fallon, B. (2000). Canadian Child Welfare Outcomes Indicator Matrix: An Ecological Approach to Tracking Service Outcomes. *Journal of Aggression, Maltreatment & Trauma, 4*(1), 165-190.

Vallender, I. (2006). Every Child Matters and the Voluntary and Community Sector. *Children & Society, 20*(3), 235-238. doi:http://dx.doi.org/10.1111/j31099-0860.2006.00026.x

Van Slyke, D. (2007). Agents or Stewards: Using Theory to Understand the Government-Nonprofit Social Service Contracting Relationship. *Journal of public administration research and theory, 17*(2), 157-187.

Vennard, J., & Hedderman, C. (2009). Helping offenders into employment: how far is voluntary sector expertise valued in a contracting-out environment? *Criminology and Criminal Justice, 9*(2), 225-245. doi:http://dx.doi.org/10.1177/1748895809103495

Ware, P., Matosevic, T., Forder, J., Hardy, B., Kendall, J., Knapp, M., & Wistow, G. (2001). Movement and change: independent sector domiciliary care providers between 1995 and 1999. *Health & Social Care in the Community, 9*(6), 334-340. doi:10.1046/j.1365-2524.2001.03111.x

Ware, P., & Todd, M. J. (2002). British Statutory Sector Partnerships with the Voluntary Sector: Exploring Rhetoric and Reality. *Social Policy Journal, 1*(3), 5-20.

Watson, L. D. (2012). Factors Influencing the Relationship Between Contract Providers and a State Funding Agency. *Administration in Social Work, 36*(4), 343-358. doi:10.1080/03643107.2011.575919

Watt, A., Cameron, Al, Sturm, L., Lathlean, T., Babidge, W., Blamey, S. Facey, K., Hailey, D., Norderhaug, I. & Madden, G. (2008), Rapid versus full systematic reviews: Validity in clinical practice? *ANZ Journal of Surgery*, 78(11): 1037-1040.

Widmark, C., Sandahl, C., Piuva, K., & Bergman, D. (2016). What do we think about them and what do they think about us? Social representations of interprofessional and interorganizational collaboration in the welfare sector. *Journal of Interprofessional Care, 30*(1), 50-55.

Willumsen, E. (2008). Interprofessional collaboration - A matter of differentiation and integration? Theoretical reflections based in the context of Norwegian childcare. *Journal of Interprofessional Care, 22*(4), 352-363.

Willumsen, E., & Hallberg, L. (2003). Interprofessional collaboration with young people in residential care: Some professional perspective. *Journal of Interprofessional Care, 17*(4), 389-400.

Xu, H., & Morgan, K. (2012). Public-Private Partnerships for Social and Human Services: A Case Study of Nonprofit Organizations in Alabama. *Public Administration Quarterly, 36*(3), 277-310.

Zlotnik, S., Wilson, L., Scribano, P., Wood, J. N., & Noonan, K. (2015). Mandates for Collaboration: Health Care and Child Welfare Policy and Practice Reforms Create the Platform for Improved Health for Children in Foster Care. *Current Problems in Pediatric and Adolescent Health Care, 45*(10), 316-322. doi:http://dx.doi.org/10.1016/j.cppeds.2015.08.006

APPENDIX A

Figure 3: Search terms used for first rapid review

1. exp Voluntary Health Agencies/
2. Voluntary Programs/
3. (volunt$ adj3 (agenc$ or sector$ or service$ or organi#ation$)).tw,kw.
4. exp Community Networks/
5. (community adj3 (agenc$ or organi#ation$ or network$ or sector$ or service$)).tw,kw.
6. (non-government$ adj3 (agenc$ or organi#ation$ or network$ or sector$ or service$)).tw,kw.
7. (non-statutory$ adj3 (agenc$ or organi#ation$ or network$ or sector$ or service$)).tw,k
8. exp Organizations, Nonprofit/
9. (privat$ or nonprofit or non-profit or not-for -profit).tw,kw.
10. independent sector$.tw,kw.
11. third sector$.tw,kw.
12. or/1-11
13. exp social welfare/
14. exp Social work/
15. (social adj2 (agenc$ or sector$ or work$ or service$)).tw,kw.
16. (welfare adj2 (agenc$ or sector$ or service$ or work$)).tw.
17. social care.tw.
18. or/13-17
19. exp child/ or exp infant/ or adolescent/
20. (famil$ or child$ or adolescen$ or young people or youth$).tw.
21. exp families/
22. 19 or 20 or 21
23. Intersectoral Collaboration/
24. exp Contract Services/
25. Public-Private Sector Partnerships/
26. Cooperative Behavior/
27. exp multi-institutional systems/
28. community-institutional relations/
29. interinstitutional relations/
30. (collaborat$ or cooperat$ or co-operat$ or commission$ or contract$ or outsourc$ or out-sourc$ or partner$ or public-private or integrat$).tw,kw.
31. or/23-30
32. 12 and 18 and 22 and 31
33. limit 32 to yr="2000 -Current"
34. limit 33 to english language

APPENDIX B

Figure 4: Search terms used for second rapid review

1. exp Voluntary Health Agencies/
2. exp Voluntary Programs/
3. (voluntary adj3 (sector$ or service$ or program$ or organisation$ or group$)).ti,ab.
4. (community adj3 (sector$ or service$)).ti,ab.
5. third sector.ti,ab.
6. exp Organizations, Nonprofit/
7. exp Community Networks/
8. independent sector.ti,ab.
9. exp Charities/
10. social enterprise.ti,ab.
11. exp Social Welfare/
12. exp Social work/
13. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12
14. model of delivery.ti,ab.
15. service delivery.ti,ab.
16. welfare mix.ti,ab.
17. hybrid$.ti,ab.
18. exp public-private sector partnerships/
19. exp cooperative behavior/
20. (governance adj3 (oversight$ or adminstrati$ or manage$ or accountability$ or monitor$)).ti,ab

21. 14 or 15 or 16 or 17 or 18 or 19 or 20
22. 13 and 21
23. exp Child/
24. exp Adolescent/
25. exp Family/
26. 23 or 24 or 25
27. 22 and 26
28. limit 27 to (english language and yr="2000 -Current")